

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-69578
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 550 W. Texas, Suite 1330, Midland, Texas 79701	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface (I) 1980' FSL and 660' FEL, Sec. 20, T-23S, R-26E	8. FARM OR LEASE NAME Sheep Dip "20" Fed Com
14. PERMIT NO. API #30-015-26530	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, NT, GR, etc.) 3367.7' GR	10. FIELD AND POOL, OR WILDCAT Und. Morrow
	11. SEC., T., R., E., or BLK. AND SURVEY OR AREA Sec. 20, T-23S, R-26E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Ran casing string	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

12-13-90: Depth 9275'. RU casing crew. Ran 224 jts 7" N-80 26# LT&C casing and set at 9275'. FC at 9187'. Cemented w/ 900 sx C1 H 50/50 Poz + 2% gel, 6 pps salt, 0.3% D-60. Had full returns throughout. Plug down at 10:00 p.m.

12-14-90: Ran temp survey. TOC at 4920'. Pressure test lines and equipment.

12-15-90: Testing equipment and rig repairs.

12-16-90: Resume drilling operations.

RECEIVED
DEC 19 11 55 AM '90
CARLTON R. BENTLEY
AREA ENGINEER

18. I hereby certify that the foregoing is true and correct

SIGNED Shirley McCullough TITLE Sr. Production Clerk

DATE Dec. 19, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side