

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2588  
Santa Fe, New Mexico 87504-2588

WELL API NO.

30-015-29691

Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Spud "16" State

8. Well No.

1

9. Pool name or Wildcat

Wildcat Laguna Salado (BS)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Santa Fe Energy Resources, Inc.

3. Address of Operator

550 W. Texas, Suite 1330, Midland, TX 79701

4. Well Location

Unit Letter P : 760 Feet From The South Line and 330 Feet From The East Line

Section 16 Township 23S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

2961'

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7/28/97: TD 11" hole at 8:15 p.m. MST. Depth 2945'. Circ'd hole clean and RU casing crew. Begin running 8-5/8" csg.

7/29/97: Ran total of 64 jts 8-5/8" 32.0# K-55 LT&C casing and set shoe at 2945'. Cement w/ 500 sx C1 "C" 50/50 Poz containing 5% salt 1/4 pps Flocele. Tail w/ 200 sx C1 "C" + 2% CaCl2. Plug down at 8:10 a.m. MST. WOC. Cut casing off and weld on head. Test weld to 500 psi, ok. NU BOP. Test BOP to 1500#, ok. WOC. PU BHA and TIH.

7/30/97: WOC total of 18 hours. Resume drilling operations.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Terry McCullough*

TITLE Sr. Production Clerk

DATE 8/05/97

TYPE OR PRINT NAME Terry McCullough

TELEPHONE NO. 915/687-3551

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

AUG 12 1997

CONDITIONS OF APPROVAL, IF ANY: