

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN THE MANNER INDICATED

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

(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 <input type="checkbox"/>	RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. NM 55142
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, LP	FEB 01 '88	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 500 W. Illinois, Suite 500, Midland, TX 79701	O. C. D. ARTESIA, OFFICE	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 1980' FNL & 660' FWL of Sec. 3		8. FARM OR LEASE NAME Sterling Silver 3 Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3435.3' GR	9. WELL NO. 1
		10. LAND DESIGNATION OR SURVEY Morrow - West Sand Dunes
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3, 24S, 31 E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) set 7" casing	
(Other) <input type="checkbox"/>		(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.)

12-18-87: Ran 129 jts 7", 29#, 0 ppf, P-110 LT&C and 110 jts 7" 29# S-95 LT&C. Set @ 11,992'. Cmt w/900 sx premian 50/50 poz, 2% gel, 6% salt, 0.2% Halad 22A, slurry wt 14.3. WOC 24 hrs. Test BOP to 10,000#. Hydrill to 5,000 psi, safety valve to 10,000 psi. Continue drilling 6" hole. TOC temperature survey 7025'.

RECEIVED
JAN 19 10 55 AM '88

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

SIGNED <u>Billie Reed</u>	TITLE <u>Sr. Production Clerk</u>	DATE <u>1-15-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD
JAN 22 1988

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO