Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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	OIL CONSERVAT		WELL API NO.	V
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-015-28	3716
DISTRICT III			5. Indicate Type of Lease STATE	X FEE
1000 Rio Brazos Rd., Aztec, NM 87410		1	6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C	CES AND REPORTS ON V PPOSALS TO DRILL OR TO DEER RVOIR, USE "APPLICATION FOR -101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A PERMIT"	7. Lease Name or Unit Agreemer Corral Fly "11" Sta	l
1. Type of Well: OIL GAS WELL X WELL	OTHER	:		
2. Name of Operator Santa Fe Energy Resourc	es, Inc.		8. Well No.	
3. Address of Operator 550 W. Texas, Suite 133	0, Midland, TX 7970)1	9. Pool name or Wildcat Wildcat Rustler B	Sluff Bone Sal
4. Well Location Unit Letter A : 660	Feet From The NOr	th Line and 6	-60	ast Line
Section 11	Township 25S	Range 29E	NMPM Eddy	County
	10. Elevation (Show w	hether DF, RKB, RT, GR, et 3076'GR	tc.)	
Check Ap	propriate Box to Indica		, Report, or Other Data	
NOTICE OF IN	ITENTION TO:		BSEQUENT REPORT	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CA	SING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:		OTHER:		
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent	details, and give pertinent da	ites, including estimated date of star	ting any proposed
01/12/96: Depth 3110'. pipe. Rig up casing crew 01/13/96: Ran total of 6 and cemented w/ 800 sx Cl ail w/ 200 sx Cl "C" + 2 dydril. Cut casing off a casing to 1500 psig, ok.	7. 8 jts 8-5/8" 32.0# 7 "C" (50:50) Poz Miz % CaCl2. Plug down nd weld on head. To	J-55 ST&C casing × A containing 10	and set at 3110'. Ri % gel, 5% salt & 1/4	ig up Howco pps Flocele.
1/14/96: PU drill colla	rs and TIH. WOC to	tal of 18 hours.	Resume drilling oper	ations.
I hezeby certify that the information above is tru SIGNATURE TYPE OR PRINT NAME	[[] [] []		n Clerk date <u>01/</u> telephone no.	/17/96
(This space for State Use) ORIGINAL SIGNED APPROVED BY DISTRICT II SUP A	ivison	TITLE	DATE JAN	2 3 1996