

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

NON-CONSTRUCTION TRIP
(Other Instruction
Drawn 199)

Budget Bureau No. 1004-1
Expires August 31, 1985

Old #: NM NM 68078
New #: NM NM 70402
6 IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	
2. NAME OF OPERATOR Santa Fe Exploration Company ✓		JUL 26 '88	
3. ADDRESS OF OPERATOR P. O. Box 1136, Roswell, NM 88202-1136		O. C. D. ARTESIA OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL and 1980' FEL		7. UNIT AGREEMENT NAME Holmstrom Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3724.3 GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL OR WILDCAT Wildcat Devonian	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/4 Sec. 9, T14S, R29E	
		12. COUNTY OR PARISH Chaves	
		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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(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.)*			

On Application to Drill filed on July 7, 1988, need to make the following changes on the Multi-Point Surface Use Plan:

#2.D. Turnouts: Change from none to one.

#6 Source of Construction Materials

Caliche for the pad and access road will be obtained from the caliche pit located in the SW/4 of the SW/4 of Sec. 3, T-14-S, R-29-E (this is located on State Lands).

(Previously showed pit location as NW/4 of the NW/4 - Federal Lands)

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

SIGNED Wm. D. McQueen TITLE President DATE July 20, 1988

(This space for Federal or State office use)

APPROVED BY S/Phil Kirk TITLE Area Manager DATE JUL 21 1988

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side