

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATIONS	

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDARY 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 TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator Santa Fe Energy Operating Partners, L.P.	8. Form of Lease Name N. H. 35
3. Address of Operator 500 W. Illinois, Suite 500, Midland, TX 79701	9. Well No. 1
4. Location of well UNIT LETTER <u>0</u> <u>1980</u> FEET FROM THE <u>East</u> LINE AND <u>510</u> FEET FROM THE <u>South</u> LINE, SECTION <u>35</u> TOWNSHIP <u>15S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or Whdeat North Hume Wolfcamp
11. Elevation (Show whether DF, RT, GR, etc.) 4146' GL	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

1-22-88 Ran 269 jts 5 1/2" 17#, N-80, shoe @ 11,148', FC @ 11,069'. Cmt w/510 sx pacesetter lite 0.2% WR2 followed by 950 sx 50/50 Cl H poz 2% gel, 0.8% CFR9. Slurry weight 12.4 & 14.2.

Released rig @ 6:00 AM 1-23-88. WOCU.

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

SIGNED Billie Hoad TITLE Sr. Production Clerk DATE 1-26-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: