

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-063645

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Santa Fe Exploration, Inc.	8. FARM OR LEASE NAME E-K Queen Unit Tract #1
3. ADDRESS OF OPERATOR P. O. Box 1136, Roswell, NM 38202-1136	9. WELL NO. #9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1650' FEL	10. FIELD AND POOL, OR WILDCAT EK Yates Seven Rivers Queen
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T18S, R33E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3932' GL	12. COUNTY OR PARISH Lea
	13. STATE

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) <u>Repair Collar Leak, put on Prod X</u>	
(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.)\*

9/25/85 RU Mack Chase, Inc. to pull stuck pump. Worked loose, pulled rods & tbg out. Went BIH w/tbg tester, fd collar leak. Packed well off. Ran rods in, respaced. SDFN.

9/26/85 Cleaned up location & RD Mack Chase, Inc.  
Well Back on Production.

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

SIGNED [Signature] TITLE Agent DATE 10-15-85

(This space for Federal or State office use)

APPROVED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:  
[Signature]  
NOV 12 1985

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side

RECEIVED

NOV 15 1985

CHIEF  
HOSES OFFICE