

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions...
verse side)

30-025-01643
Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Santa Fe Exploration, Inc. (505/623-2733)	8. FARM OR LEASE NAME E-K Queen Unit Tract #6
3. ADDRESS OF OPERATOR P. O. Box 1136, Roswell, NM 88202-1136	9. WELL NO. 8
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL	10. FIELD AND POOL, OR WILDCAT E-K 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.) 3953' GL	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☒

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

(Other) and temporarily abandon

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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 and 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.)*

- (1) Pull tubing and packer
- (2) Pick up new packer
- (3) GIH and locate 5½" casing leak
- (4) Cement or repair hole
- (5) Pressure test and temporarily abandon

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

SIGNED Steve L. Simmons

TITLE Steve L. Simmons, Agent

DATE 12/20/85

(This space for Federal or State office use)

APPROVED BY Steve L. Simmons

TITLE

DATE 12-30-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side