Submit 3 Copies to Appropriate District Office	State of New Me: Energy, Minerals and Natural F		Form C-103 Revised 1-1-89	
DIST KICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATIO		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-26754	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	,	2000	5. Indicate Type of Lease STATE X FEE	
			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENCE FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:			LG-7655 Lease Name of Unit Agreement Name Max State	
OIL GAS WELL	OTHER	~	+	
2. Name of Operator Santa Fe Energy Resources, Inc.			8. Well No. 1	
3 Address of Operator 550 W. Texas, Suite 1330, Midland, TX 79701			9. Pool name or Wildcat North Lusk Bone Spring	
4. Well Location Unit Letter <u>G</u> 1980 Feet From The North Line and <u>1780</u> Feet From The <u>East</u> Line				
Section 32	Township 18S Ra 10. Elevation (Show whether	er DF, RKB, RT, GR, etc.	NMPM Lea County	
		3691' GR		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
			SEQUENT REPORT OF:	
		REMEDIAL WORK		
	CHANGE PLANS	COMMENCE DRILLING		
		CASING TEST AND CEN		
OTHER:		OTHER:	[]	
10 0 11 0		······································		

12. 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.

It is planned to isolate the current Bone Spring perfs w/ a RBP set at 8600', spot 250 gals 7.5% HCl NeFe acid, and add Bone Spring perfs from 8388'-8456' (10 holes). Re-acidize w/ 5000 gals 7.5% HCl NeFe and 25 ball sealers. If necessary the zone will be fracture treated w/ approx 40,000 gals 30# X-link gel and 126,000# 20/40 Ottawa sand.

After stimulation, the RBP will be removed, and the well placed back on production.

This work is scheduled to begin on May 5, 1997.

I hereby certify that the information above is grad and complete to the best of my knowledge and belief.	
SIGNATURERELEASE CONSIGNATURERELEASE CONSIGNATURE	od. Clerk DATE _5/2/97
TYPE OR PRINT NAME Terry McCullough	TELEPHONE NO.915/687-3551
(This space for State Use)	
APPROVED BY	DATE