

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 40452
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 500 W. Illinois, Suite 500, Midland, TX 79701	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 1650' FWL of Sec. 26	8. FARM OR LEASE NAME Sprinkle Federal
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3748.8' GL	10. FIELD AND POOL, OR WILDCAT Upper Bone Spring Unders.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-18S, R-32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Set casing	

(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.)

2-18-87: Set 5 1/2" LT&C N80 17# @ 9700'. Cmt w/400 sx 50/50 poz, 2% gel, 6# salt, 0.3% CFR-3, 0.3% Halad 22A. Plug down @ 2:00 AM - open DV tool. Circ Howco 2nd Stage: 500 sx 50/50 poz, 2% gel, 6# salt/sk, 3% CFR-3, 0.3% Halad 4A. Plug down @ 7:15 AM. DV tool @ 6995'.

Released rig @ 12:00 noon 2-19-87. Clean pits.

ACCEPTED FOR RECORD

MAR 31 1987

CARLSBAD, NEW MEXICO

RECEIVED

MAR 26 1987

HOOD, CARLSBAD, NM

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

SIGNED Billie Hood Billie Hood

TITLE Sr. Production Clerk

DATE 3-24-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

RECEIVED  
APR 6 1987  
OCD  
HOBBS OFFICE