

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN T
(Other Instruc. , OD re-
verse side)

Form approved.
Budget Bureau No. 1004-0145
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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.	8. FARM OR LEASE NAME Sprinkle Federal
3. ADDRESS OF OPERATOR 500 W. Illinois, Suite 500, Midland, TX 79701	9. WELL NO. 4
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	10. FIELD AND POOL, OR WILDCAT Upper Bone Spring Undes.
14. PERMIT NO	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-18S, R-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3748.8' GL	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:		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) Spud date & set casings	
(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.)*

Spud 8:30 1-28-87. Hole size 17 1/2". Set 13 3/8" 61# K55 @ 353'. Cmt w/370 sx "C" 2% CaCl. Circ 100 sx. WOC 20 hrs. Hole size 11"

2-1-87: Set 8 5/8" 28# ST&C HC80 @ 2810'. Cmt w/800 sx Howco Lite followed by 250 sx. Circ 80 sx. WOC 12 1/2 hrs. Test to 1500 psi.

BLM witnessed both cmt jobs.

ACCEPTED FOR RECORD

FEB 09 1987

Jur
CARLSBAD, NEW MEXICO



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

SIGNED Billie Hood Billie Hood TITLE Sr. Production Clerk DATE 2-2-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side