

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

1a. Indicate Type of Lease
State ☐ Federal ☐ Fee ☐
3. State Oil & Gas Lease No.
Fed # NM-40452

SUNDARY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK INTO DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Santa Fe Energy Operating Partners, L.P.	8. Form of Lease Name Sprinkle Federal
3. Address of Operator 500 W. Illinois, Suite 500, Midland, TX 79701	9. Well No. 4
4. Location of well UNIT LETTER <u>F</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>26</u> TOWNSHIP <u>18S</u> RANGE <u>32E</u> NMPM.	10. Field and Pool, or Wildcat Querecho Plains Upper Bone Spring Undes.
15. Elevation (Show whether DF, RT, GR, etc.) 3748.8' GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Change of operator ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

Change operator from TXO Production Corp. to Santa Fe Energy Operating Partners, L.P. This well was permitted by TXO and approved 2-3-86. Santa Fe will drill and operate this well under existing permit. Form 9-331 has been filed with BLM. Estimate start date ASAP.

FOR RECORD ONLY

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Billie Hood Billie Hood TITLE Sr. Production Clerk

DATE 12-16-86

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____