

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)  
BUREAU OF LAND MANAGEMENT

5. LEASE DESIGNATION AND SERIAL NO.  
NM-84731

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Kachina 8 Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
South Corbin Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 8, T-18S, R-33E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
Santa Fe Energy Operating Partners, L.P.

3. ADDRESS OF OPERATOR  
500 W. Illinois, Suite 500, Midland, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
660' FNL and 1830' FWL, Sec. 8, 18S, 33E

14. PERMIT NO.  
API #30-025-30986

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3931.2' GR

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

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Set casing string

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 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.)\*

10-2-90: Depth 2901'. RU and ran 67 jts. 8-5/8" 24# K-55/J-55 casing and set at 2892'. FC at 2806'. Cemented w/ 975 sx C1 C (35:65:6) + 10% salt. Tail w/ 200 sx C1 C 2% CaCl<sub>2</sub>. Plug down at 4:00 p.m. Circulated 75 sx to surface. WOC.

10-3-90: WOC total of 19 hrs. Test 8-5/8" casing with 1500 psi - okay. Resume drilling operations.

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

SIGNED

TITLE Sr. Production Clerk

DATE Oct. 4, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side