

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. LC-062391
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 550 W. Texas, Suite 1330, Midland, Texas 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 (0) 330' FSL and 1980' FEL, Sec. 5, T-18S, R-33E	8. FARM OR LEASE NAME Kachina "5" Federal
14. PERMIT NO. 30-025-31113	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3961.4' GR	10. FIELD AND POOL, OR WILDCAT South Corbin Wolfcamp
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-18S, R-33E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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) <u>Ran casing string</u> <input checked="" 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.*			

2-13-91: Depth 3103'. RU and ran 78 jts 8-5/8" 24# K-55 ST&C casing and set at 3103'. Cemented w/ 1100 sx Cl C (35/65/6) + 10% salt. Tail w/ 200 sx Cl C w/ 2% CaCl₂. Had good returns throughout. Circ 80 sx to pit. Plug down at 8:40 p.m. CDT. BLM notified prior to job - no witness present.

2-14-91: Cut off casing and weld on bradenhead. NU BOP, Hydrill, and kill manifold. Pressure test equipment and valves to 3000 psi - okay. Hydrill to 1500 psi - okay. PU bit and drill collars. TIH. Resume drilling operations.

18. I hereby certify that the foregoing is true and correct
SIGNED Jerry McCullough TITLE Sr. Production Clerk DATE Feb. 19, 1991
(This space for Federal or State office use)

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

*See Instructions on Reverse Side