

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse 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 (O) 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	REIL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
PAIR 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) Spud and set casing string <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.\*

2-9-91: MIRU. Spud 17-1/2" hole at 9:45 p.m. CDT.

2-10-91: RU casing crew. Ran 8 jts 13-3/8" 48# H-40 ST&C casing and set at 343'. Cemented w/ 400 sx Cl C w/ 2% CaCl<sub>2</sub> and 1/4 pps Celloflake. Plug down at 6:21 a.m. Circ 85 sx to pit. WOC 12 hours. Resume drilling operations.

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

SIGNED

TITLE Sr. Production Clerk

DATE Feb. 12, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side