

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Santa Fe Energy Operating Partners, L.P.

3. ADDRESS OF OPERATOR

550 W. Texas, Suite 1330, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

E, 1830' FNL and 660' FWL, Sec. 8, 18S, 33E

14. PERMIT NO.

API No. 30-025-31371

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

3904' GR

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.

2

10. FIELD AND POOL, OR WILDCAT

Corbin Wolfcamp, South

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 8, T-18S, R-33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

WATER SHUT-OFF ☐ PAUSE OR ALTER Casing ☐
FRAC TREAT ☐ MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
Other: ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRAC TREAT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒ ABANDONMENT* ☐
Other: ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE REASON FOR COMPLETION, TREATMENT, OR OTHER 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 perti-
nent to this work.*

11-7-91: Perforated Wolfcamp at 11,315'-11,343' w/ 2 SPF 120° phasing (58 holes w/
4" csg gun).

11-12-91: Acidized Wolfcamp perms w/ 4500 gal 15% NEFE HCl and 87 ball sealers.

11-14-91: Shut down pending additional stimulation evaluation.

Arz

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

SIGNED Jerry M. McLaughlin

TITLE Sr. Production Clerk

DATE 12-19-91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side