State of New Mexico Submit 3 Copie Form C-103 Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs. NM 88240 WELL API NO. P.O. Box 2088 30-025-31735 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE | | DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Leage No. LG 7655 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Watkins "32" State Com GAS XX WELL OTHER 2. Name of Operator 8. Well No. Santa Fe Energy Operating Partners, L.P.

Address of Operator 9. Pool name or Wildcat 550 W. Texas, Suite 1330, Midland, Texas 79701 Lusk, N. (Morrow) Well Location Unit Letter F: 1980 Feet From The North 1650 _ Line and _ West Feet From The Line Section Township 18S Range **NMPM** Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3701.6' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB X OTHER: OTHER: 12. 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. 10-19-92: Depth 4206'. RU csg crew. Ran 98 jts 8-5/8" 28# S-80 casing and set at 4206'. FC at 4114'. Cemented w/ 2400 sx "C" Lite 35:65:6 + 9 pps A-7. Tail w/ 500 sx Cl "C" + 2% A-5. Circulated 480 sx to pit. WOC. Cut off 8-5/8" and weld on head. NU BOP and choke manifold. Test BOP & manifold - okay. RU PU machine. PU BHA. 10-21-92: Test casing to 1500 psi - okay. Resume drilling operations.

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE ST. Production Clerk | DATE 10- | 22-92 |
|--|---------------|------------------|
| TYPEOR PRINT NAME Terry McCullough | TELEPHONE NO. | 915/ 687-3551 |

TITLE

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

OCT 27'92

DATE

CONDITIONS OF APPROVAL, IF ANY:

AFTROVED BY-