

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. NM-55149
2. Name of Operator Santa Fe Energy Operating Partners, L.P.		6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 550 W. Texas, Suite 1330, Midland, TX 79701 (915) 687-3551		7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) (C) 490' FNL & 2131' FWL, Sec. 9, T-18S, R-33E		8. Well Name and No. Kachina 9 Federal #1
		9. API Well No. 30-025-31787
		10. Field and Pool, or Exploratory Area South Corbin (Wolfcamp)
		11. County or Parish, State Lea Co., NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Move location</u>	<input type="checkbox"/> Dispose Water

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

13. 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.)*

Santa Fe Energy Operating Partners, L.P. respectfully requests that the location of this well be changed to: 490' FNL and 2131' FWL, Sec. 9, T-18S, R-33E.

This request is being made for archaeological reasons.

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

Signed <u>[Signature]</u>	Title <u>Sr. Production Clerk</u>	Date <u>Nov. 4, 1992</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date <u>11/17/92</u>
Conditions of approval, if any: _____		

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Artec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

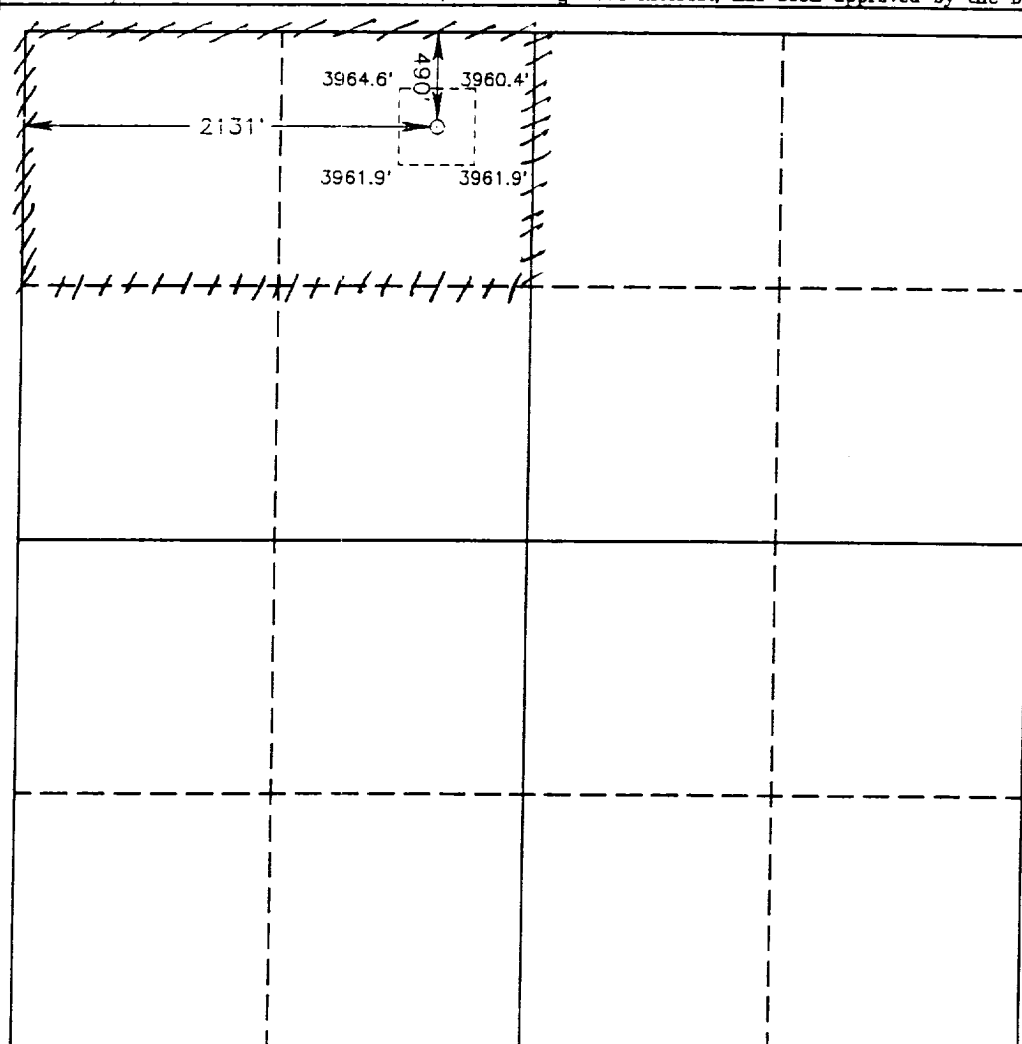
All Distances must be from the outer boundaries of the section

Operator SANTA FE ENERGY OPERATING PARTNERS L.P.			Lease KACHINA "9" FEDERAL		Well No. 1
Unit Letter C	Section 9	Township 18 SOUTH	Range 33 EAST	NMPM	County LEA
Actual Footage Location of Well: 490 feet from the NORTH line and 2131 feet from the WEST line					
Ground Level Elev. 3962.0'	Producing Formation Wolfcamp		Pool South Corbin		Dedicated Acreage: 80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☒ No If answer is "yes" type of consolidation _____

If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)

No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.

Signature

Darrell Roberts

Printed Name

Darrell Roberts

Position

Sr. Drilling Engineer

Company Santa Fe Energy

Operating Partners, L.P.

Date

November 5, 1992

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

OCTOBER 26, 1992

Signature & Seal of
Professional Surveyor

JOHN W. JONES
NEW MEXICO
7977
PROFESSIONAL SURVEYOR
Certificate No. 876
JOHN W. JONES, 876
JOHN W. JONES, 3238
JOHN W. JONES, 7977

92-11-1624