

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

M. OIL CONS. COMMISSION
J. BOX 1980
HOBBS, NEW MEXICO 88240

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

☐ Oil Well ☐ Gas Well ☒ Other Dry hole

2. Name of Operator

Santa Fe Energy Operating Partners, L.P.

3. Address and Telephone No.

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

(N), 660' FSL and 1980' FWL, Sec. 29, T-18S, R-32E

5. Lease Designation and Serial No.

NM-77052

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Watkin 29 Federal #1

9. API Well No.

30-025-32177

10. Field and Pool, or Exploratory Area

North Lusk (Bone Spring)

11. County or Parish, State

Lea Co., NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

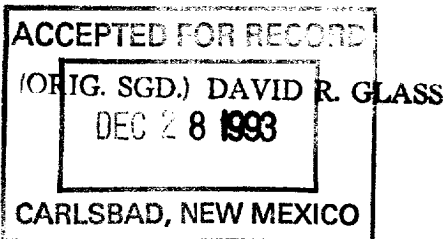
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Update
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

11-05-93: Ran CBL. TOC on 5-1/2" is 1570'. Perforated the Seven Rivers @ 3094'-
thru 3102' and 3138'-3146' (10 holes). Swabbed dry. Acidized with 2000 gals
11-16-93 7-1/2% HCl. Swabbed dry. Fraced w/ 18,000 gals gelled SW containing
36,000# 20/40 sand. Swabbed dry. Shut well in w/2-3/8" tubing and a
Uni-VI packer set at 2898'.



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

Signed David R. Glass Title Sr. Production Clerk

Date 12/15/93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____