

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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

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)  
(E), 2130' FNL and 990' FWL, Sec. 5, T-18S, R-33E

5. Lease Designation and Serial No.  
LC-062391

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Kachina 5 Federal #7

9. API Well No.  
30-025-32400

10. Field and Pool, or Exploratory Area  
South Corbin (Wolfcamp)

11. County or Parish, State  
Lea Co., NM

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

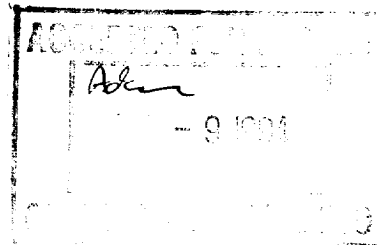
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Ran casing string
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)\*

1/25/94: Depth 3105'. RU casing crew and ran 72 jts 8-5/8" 32# K-55 ST&C casing set at 3105'. FC @ 3014.84'. Cemented w/ 1400 sx Cl "C" Lite containing 9 pps salt. Tail w/ 200 sx Cl "C" + 2% CaCl<sub>2</sub>. Circulated 450 sx to pit. Plug down at 8:30 a.m. WOC. Cut off and weld on head. NU BOP and choke manifold. Testing BOP.

1/26/94: Finish testing BOP's and casing. WOC total of 24 hours. Resume drilling operations.



14. I hereby certify that the foregoing is true and correct  
Signed *Samuel McCullough* Title Sr. Production Clerk Date 1/27/94  
(This space for Federal or State office use)  
Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: