

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-30704
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Sharp Shooter 2 State
8. Well No. 2
9. Pool name or Wildcat North Young Bone Spring

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Santa Fe Energy Operating Partners, L.P.
3. Address of Operator 500 W. Illinois, Suite 500, Midland, TX 79701
4. Well Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>18S</u> Range <u>32E</u> NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3899' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
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.

11-10-89: Depth 2743'. Ran 65 jts 8-5/8" 24# J-55 ST&C casing and set at 2742'. Cemented w/ 1900 sx 35/65 Poz "C" w/ 15#/sk salt + 1/4#/sk celloseal and followed by 250 sx Cl. "C" w/ 2% CaCl₂. Plug down at 1:07 p.m. Circulated 85 sx to pit. WOC 18 hrs.

11-11-89: Test pipe rams and hydril w/ 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 Terry McCullough TITLE Sr. Production Clerk DATE 11/28/89
TYPE OR PRINT NAME Terry McCullough TELEPHONE NO. 915/ 687-3551

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 01 1989