

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

| | |
|---|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. NM-40452 |
| 2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 550 W. Texas, Suite 1330, Midland, Texas 79701 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL and 660' FEL of Sec. 14, 18S, 32E | 8. FARM OR LEASE NAME Shinnery 14 Federal |
| 14. PERMIT NO. | 9. WELL NO. 6 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3828.6' GR | 10. FIELD AND POOL, OR WILDCAT Querecho Plains Bone Spring |
| | 11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec. 14, T-18S, R-32E |
| | 12. COUNTY OR PARISH Lea |
| | 13. STATE NM |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | SUBSEQUENT REPORT OF: | |
|--|---|--|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> | |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> | |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> | |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANE <input type="checkbox"/> | (Other) <input type="checkbox"/> | | |
| (Other) Extend drilling permit <input checked="" type="checkbox"/> | | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

17. 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.)*

Please extend the drilling permit on the above mentioned well for one year.
The permit approval date was October 24, 1989.

RECEIVED
NOV 21 12 25 PM '90
CARTER COUNTY CLERK'S
AREA

18. I hereby certify that the foregoing is true and correct
SIGNED *Henry J. McLaughlin* TITLE Sr. Production Clerk DATE 11-19-90
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE 11-29-90
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

It is a crime for any person knowingly and willfully to make to any department or agency of the
Government or to any matter within its jurisdiction.