

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on Reverse 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 0392867
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 500 W. Illinois, Suite 500, Midland, TX 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 & 1980' FEL, Sec. 13, T-18S, R-32E		8. FARM OR LEASE NAME Uncle Sam 13 Federal
14. PERMIT NO. API #30-025-30732		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3848.6' GR		10. FIELD AND POOL, OR WILDCAT West Corban Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Set csg string	

(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.) *

12-19-89: Drilled to 8816' (TD). Ran 206 jts 5-1/2" 17# N-80 casing and set at 8816'. FC at 8726' and DV tool at 5186'.

12-20-89: Cemented as follows: 1st stage - pumped 10 Bbls sure bond followed by 1250 sx Cl H w/ 5% salt & 1% CF-1, 15.7 ppg. Displaced w/ fresh water. Drop bomb, open DV tool. Circ 30 sx off of DV tool from 1st stage. 2nd stage - 1080 sx Pacesetter lite w/ 10# salt, 12.5 ppg followed by 525 sx Cl H, 5% salt, 1% CF-1, 15.7 ppg. Displaced w/ fresh water. PD at 12:26 p.m. MST. Circ. 133 sx. Set slips w/ 140,000#. Cut off 5-1/2". NU wellhead and test to 2000 psi. Jet and clean pits. Rig released at 8:30 p.m. MST on 12-20-89. WOCU.

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

SIGNED

Gregory McCullough

TITLE

Sr. Production Clerk

DATE

12-26-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JAN 18 1990

OCD
HOBBS OFFICE