

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

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 ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM-22085
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 860' FSL & 1980' FWL, Sec. 12, T-18S, R-37E	8. FARM OR LEASE NAME Corrienta 12 Federal
14. PERMIT NO. API #30-025-30859	9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3850.3' GR	10. FIELD AND POOL, OR WILDCAT Und. North Young Bone Spring
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 12, T-18S, R-37E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Ran casing</u> ☒	
(Other) ☐		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. 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.*

5-4-90: Depth 2825'. RU and ran 69 jts 8-5/8" 24# K-55 ST&C 8rd casing and set at 2824'. Cemented w/ 1000 sx BJ lite 35/65/6 9# salt/sk and 200 sx Cl "C" w/ 2% CaCl₂. Plug down at 10:15 p.m. WOC. 5-4-90 1st.

5-5-90: WOC total of 19½ hours. Test casing w/ 1500 psi for 30 minutes - okay. Resume drilling operations.

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

SIGNED Harry McCullough TITLE Sr. Production Clerk DATE May 8, 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side