(Formerly 9-331) DEPARTMENT OF THE INTERIOR (Other instructions on respectively on the state of	5. DEASE DESIGNATION AND BERIAL NO. NM-22085
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.)	6 IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL T3 GAS T	7. UNIT AGREEMENT NAME
WELL X WELL OTHER 2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Santa Fe Energy Operating Partners, L.P. 3. ADDREAS OF OPERATOR	Corrienta 12 Federal
500 W. Illinois, Suite 500, Midland, TX 79701 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	1 10. FIELD AND POOL, OR WILDCAT Und. North Young Bone Spri
860' FSL and 1980' FWL, Sec. 12, T-18S, R-3 Z E	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARKA 12-185-52-6
14. PERMIT NO. 15 ELEVATIONS (Show whether DF, RT, CR, etc.) API # 30-025-30859	12. COUNTY OR PARISH 13. STATE Lea NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data
NOTICE OF INTENTION TO: STREET	QUENT REPORT OF:
(NOTE: Report result	REPAIRING WELL, ALTERING CASING ABANDONME.T* Set casing X s of multiple completion on Well pletion Report and Log form.)
17 DESCRIBE PROPOSED OR COMPLETES OF ERATION. Clearly state all perfinent details and give perfinent date proposed work. If well is directionally drilled give subsurface locations and measured and true verification to this work.) 4-30-90: Spud well at 8:15 p.m. 5-1-90: Drilled to 348'. Run 8 jts 13-3/8" 48# H-40 ST&C cas Cemented w/ 370 sx Class "C" containing 2% CaCl and 1 Plug down at 9:45 a.m. Circulated 57 sx to pit. WOC test casing to 600 psi for 30 minutes - okay. Cut of	ing and set at 348'. /4 pps celloflake. 4 hrs. Pressure
on flow nipple. PU BHA and trip in hole. Resume dri	
Casing and cement operations witnessed by Bill McManu	s of BLM.
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18. I bereby certify that the foregoing by true and correct SIGNED ST. Production Clerk	рате Мау 4, 1990
(This space for Federal or State office use)	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE

*See Instructions on Reverse Side