

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other List/Document as 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 description. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. 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 550 W. Texas, Suite 1330, Midland, Texas 79701		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface (A) 660' FNL and 660' FEL		5. LEASE DESIGNATION AND SERIAL NO NM-81958		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO. API #30-025-30997		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3839' GR		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Uncle Sam 13C Federal		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT West Corbin 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		16. 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 PLANS	<input type="checkbox"/>	(Other) Spud and set surface csg	<input checked="" type="checkbox"/>		
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROMISED 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.)*

11-24-90: Spud 12-1/4" hole at 11:00 p.m. MST. Drilling.

11-25-90: RU and ran 11 jts. 8-5/8" 32# K-55 LT&C casing and set at 428'. Cemented w/ 300 sx Cl C + 2% CaCl₂ + 1/4 pps cellophane. Plug down at 8:00 a.m. Circulated 32 sx. WOC. Cut off 8-5/8" csg. Install 8-5/8" SOW Fig 92 Larkin Bradenhead. NU BOP. Pressure test BOP and 8-5/8" casing w/ 500 psi - okay. Resume drilling operations.

18. I hereby certify that the foregoing is true and correct
SIGNED Jerry McCullough TITLE Sr. Production Clerk DATE November 27, 1990
(This space for Federal or State office use)

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