

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE  
(Other instructions on reverse side)

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

RECEIVED

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"/>	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  (D) 990' FNL and 330' FWL, Sec. 15, T-18S, R-32E	5. LEASE DESIGNATION AND SERIAL NO. NM-40452	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME West Shinnery 15 Federal	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Young Wolfcamp	11. SEC. T., R., M., OR BLE. AND SURVEY OR AREA Sec. 15, T-18S, R-32E	12. COUNTY OR PARISH Lea	13. STATE NM
14. PERMIT NO. API #30-025-31094	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3799' GR											

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) <u>Ran casing string</u> <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.)\*

12-16-90: Depth 2904'. RU and ran 69 jts 8-5/8" 24# K-55 ST&C casing as follows:  
8-5/8" guide shoe set at 2904'  
2 jts 8-5/8" 24# K-55 ST&C (86.99')  
8-5/8" float collar (1.43') set at 2815'  
67 jts 8-5/8" 24# K-55 ST&C (2818.43')  
Circ csg 1/2 hour and Howco cemented w/ 1000 sx C1 C 35/65/6 lite + 9 pps salt. Tail w/ 200 sx C1 C + 2% CaCl<sub>2</sub>. Plug down at 8:45 p.m. CDT. Circ 61 sx cmt. WOC.

12-17-90: WOC. Cut off 13-3/8" and 8-5/8" csg. Weld on 11" 3000 psi Bradenhead. NU BOP stack. Pressure test BOP, kill manifold and all valves to 3000 psi. PU bit, BHA, and TIH. Pressure test 8-5/8" casing to 1500 psi - okay. Resume drilling operations.

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

SIGNED [Signature] TITLE Sr. Production Clerk DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.