Form 3160-5 (November 198 (Formerly 9-3	331) DEF	PARTME O	D STATES OF THE INTERIO ND MANAGEMENT	SUBMIT IN TRH (Other instructio verse side)	'ATE* n re-	Budg Expir 5. LEASE D	ES AUGU	u No. st 31, n and	1004-013 1985 SEBIAL NO	
(Do not	SUNDRY	NOTICES AI	ND REPORTS ON or to deepen or plug back PERMIT—" for such propo	A			1 6160 N. ALLOTT		TRIDE NAME	
1. OIL X GAS WELL OTHER 2. NAME OF OPERATOR						7. UNIT AGREEMENT NAME				
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P. 3. ADDRESS OF OPERATOR						8. FARM OR LEASE NAME Bilbrey 21 Fed Com				
500 W. Illinois, Suite 500, Midland, TX 79701 1. LOCATON OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below.) At surface						9. WELL NO. 1 10. FIELD AND POOL, OR WILDCAT Und. Bilbrey Morrow				
1980' FEL, 660' FSL, Sec. 21, T-21S, R-32E Unit C-						11. SEC., T., M., OR BLE. AND SURVEY OR AREA Sec. 21, T-21S, R-32E				
14. PERMIT NO. API # 30-02		15 BLEVA	TIONS (Show whether DF, RT, 3685.6' GR	CR. etc.)	·	Sec. 2 12. COUNTY Le	OR PARIS	H 13.	R-32E BTATE	
! 6 .	Che	ck Appropriate	Box To Indicate Natu	re of Notice, Report	or Ot					
	NOTICE O	F INTENTION TO :	1			NT REPORT C				
			MPIETE	PRACTURE TREATMENT FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Ran 4 ¹ / ₂ " liner (NOTE: Report results of m Completion or Recoupletion all pertinent details, and give pertinent dates, inclu particle locations and measured and true vertical dep			multiple completion on Well on Report and Log form.) cluding estimated date of starting any depths for all markers and zones perti-			
2-20-90:	mang rine	Ly LOP II,/J	Ran 78 jts. 4-1/ 4', shoe at 14,7 % gas stop, 0.6%	98'. Circ and	hotal	a made and a second			,	
2-21-90:	WOC. ND H	BOP's. LD d	rill pipe and dr	ill collars.						
2-22-90:	Cleaned pi WOCU.	its, rig down	n rotary equipme	nt. Released 1	ig at	12:00	p.m.			
									は (4) (つ (11)	
			44	Adr-	0080	1	•	- - -	IVED	
				Max (199)	Ú		ć	;		
STENED Y	ry Mc	oing is true and cor	rect	RESEACT NEW A	***		Feb.	26,	1990	
	or Federal or Sta	te office use) 🗸 🗌								
APPROVED B CONDITIONS	OF APPROVAL,	IF ANY :	TITLE			DATE _				

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*See Instructions on Reverse Side