

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on 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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 61600
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 1980' FEL & 660' FSL, Sec. 21, T-21S, R-32E Unit 8	8. FARM OR LEASE NAME Bilbrey 21 Fed Com
14. PERMIT NO. API # 30-025-30757	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3685.6' GR	10. FIELD AND POOL, OR WILDCAT Und. Bilbrey Morrow
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-21S, R-32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) Ran 7" csg. string	<input 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.)

1-25-90: Depth 12,100'. Ran 188 jts 7" P110 29# (8024') and 93 jts 7" S-95 26# (4113') casing and set at 12,100'. Cemented w/ 1200 sx 50/50 poz 2% gel, 6# salt, 0.3% CFR3. Did not bump plug. Job completed at 1:30 a.m. CST. WOC.

1-26-90: Ran temp. survey. Top of cement at 6146' - TD 11,975'. Test BOP's, all valves, rams, Kelly & floor valves to 10M, hydril to 2500 psi.

1-27-90: Trip for new bit. PU DP and resume drilling operations.

ACCEPTED FOR RECORD

Adm

FEB 3 1990

CARLSBAD, NEW MEXICO

RECEIVED

JAN 30 10 54 AM '90

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

SIGNED

Jerry McCullough

TITLE Sr. Production Clerk

DATE 1-29-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side