

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 <input type="checkbox"/>		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 0		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 type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Set casing string	

(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.*

1-8-90: Depth 4620'. RU casing crew. Ran 104 jts 9-5/8" K-55 40# ST&C casing and set at 4620'. FC at 4535'. Cemented w/ 3600 sx PCL containing 15# salt/sk, 1/4#/sk flocele. Tail in w/ 250 sx "C" Neat. PD at 11:30 p.m. Circ 150 sx cmt to pit. WOC.

1-9-90: WOC total of 26-1/2 hours. Test pipe rams and casing to 1500 psi - okay. Resume drilling operations.

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

SIGNED

Gerry McCullough

TITLE Sr. Production Clerk

DATE 1-10-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side