

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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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	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 BLE. AND SURVEY OR AREA Sec. 21, T-21S, 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 & set surf csg. <input checked="" type="checkbox"/>	
(Other) <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.) \*

Spudded 17-1/2" hole at 8:00 p.m. CST on 12-30-89.

12-31-89: Depth 635'. RU and ran 14 jts. 13-3/8" 48# H-40 ST&C casing and set at 634'. Cemented w/ 450 sx Cl. "C" + 4% gel + 1/4# flocele + 250 sx "C" w/ 2% CaCl<sub>2</sub>. Displaced w/ 90 Bbls BW. Plug down at 5:15 p.m. CST. Circulated 105 sx cmt to pits. WOC. Test 13-3/8" casing w/ 1000#.

1-1-90: WOC total of 17-1/2 hours. Resume drilling operations.

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

SIGNED

*Serry McCullough*

TITLE Sr. Production Clerk

DATE Jan. 3, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side