

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-63019 22810
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 550 W. Texas, Suite 1330, Midland, Texas 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 (F) 1980' FWL & 1980' FNL, Sec. 27, T-21S, R-32E	8. FARM OR LEASE NAME Bilbrey 27A Federal
14. PERMIT NO API #30-025-31095	9. WELL NO. 1
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3698' GR	10. FIELD AND POOL, OR WILDCAT Und. Bilbrey Morrow
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	REPAIR OR ALTER CASING <input type="checkbox"/>
FRAC TURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRAC TURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
Other: Ran 4-1/2" liner <input checked="" type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. (Briefly 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.) *

2-8-91: Depth 14,715' (TD). Ran 71 jts 4-1/2" 13.5# S-95 LT&C liner. Set top of liner at 11,670'. Bottom of liner at 14,714'. Cemented w/ 625 sx C1.H containing .40% TF-4, .60% CF-9, 5 pps KCl, and .6% Flo-lok. Had good returns throughout. Plug down at 9:00 p.m. CST. WOC.

2-9-91: Circ. Prep to lay down DP. TOH. WOC. Displace hole w/ fresh water. LDDP in derrick. Drilled ±800' of cmt. Circ 1-1/2 hrs. Check for flow.

2-10-91: Clean and jet pits. Rig down. Released Rig at 7:00 p.m. CST. WOCU.

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

SIGNED

James T. McCullough

TITLE Sr. Production Clerk

DATE Feb. 12, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side