Submit 3 Copies to Appropriate

APPROVED BY\_

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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DATE\_

District Office		-		
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATIO P.O. Box 20		WELL API NO.	
DISTRICT II	Santa Fe. New Mexico 87504-2088		30-025-33061	
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease  STATE X F	EE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. V-3523	
SUNDRY NOTICES AND REPORTS ON WELLS		LS		
DIFFERENT RESER	PPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEF -101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL WELL GAS WELL X	OTHER		Abe Unit	
2. Name of Operator	•		8. Well No.	
Santa Fe Energy Resourc	es, Inc.		1	
3. Address of Operator 550 W. Texas, Suite 133	0, Midland, TX 79701		9. Pool name or Wildcat Legg Atoka Morrow	
4. Well Location Unit Letter 0: 760	Feet From The South	Line and 198	BO' Feet From The East	Line
Section 28	Township T-21-S R	nge R-33-E	NMPM Lea	County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc 3661' GR	c.)	
11. Check An	propriate Box to Indicate		Report or Other Data	<u> </u>
	ITENTION TO:	i	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL TERINO CACINO	
[]			ALTERING CASING	L
TEMPORARILY ABANDON	CHANGE PLANS L	COMMENCE DRILLING	LAJ	NT L
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB X	
OTHER:		OTHER:		[
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	rations (Clearly state all pertinent deta	ails, and give pertinent da	tes, including estimated date of starting any p	roposed
5219'. Cemented w/ 2000	) sx C1-C Lite contain <sup>.</sup>	ing 9 pps salt,	& SF-95 LT&C casing and set 2% CaCl2, and 1/4 pps Floo Plug down at 9:30 p.m. WC	cele.
9/6/95: Cut casing off 1500 psi, ok. PU bit ar total of 12 hours. Resu	nd DCs. RIH. Test cas	sing to 1500 ps <sup>.</sup>	00 psi, ok. NU BOPs and te i, ok. Tagged cmt @ 4901'.	est to WOC
I hereby certify that the information above is tr	ue and complete to the best of my knowledge	and belief.		<del></del> -
SIGNATURE SIGNATURE	Callough mi	E Sr. Productio	n Clerk DATE 9/07/95	
TYPE OR PRINT NAME Terry McCull	ough		TELEPHONE NO.915 - 687	3551
(This space for State Use)	alian di salah di sa Salah di salah di sa		SEP 11	1995
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TITLE \_