Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office					
DISTRICT I	OIL CONSERVATION		West Annua		
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St.		WELL API NO. 30-025-34456		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		5. Indicate Type		
DISTRICT III				STATE X	FEE 🗌
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G	as Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS					
	POSALS TO DRILL OR TO DEEPEN IVOIR. USE "APPLICATION FOR PEI 101) FOR SUCH PROPOSALS.)		7. Lease Name	or Unit Agreement Nam	ne
1. Type of Well: OIL GAS WELL WELL X	OTHER		Thistle Uni	t	
2. Name of Operator			8. Well No.		
Santa Fe Energy Resources, I	nc		4		
3. Address of Operator			9. Pool name or		
550 W. Texas, Suite 1330, Mi 4. Well Location	dland, TX 79701		<u>Brinninstoo</u>	<u>l (Wolfcamp)</u>	
	Feet From The South	Line and 198	30 Feet Fro	om The West	Line
Section 34	Township 23S R	ange 33E	NMPM	Lea	County
	10. Elevation (Show wheth	ner DF, RKB, RT, GR, etc 3641′GL	:.)		
11. Check An	propriete Poy to Indicate		Donort or	Other Dete	<u> </u>
	propriate Box to Indicate	1	-		_
NOTICE OF IN	TENTION TO:	208	SEQUEN	REPORT O	⊢:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	ILY ABANDON CHANGE PLANS COMMENCE DRILLING			PLUG AND ABANDO	ONMENT [
PULL OR ALTER CASING					
TOLE OF ALTERIOROMA (E.S.) ALLE OF			MENT JOB X	·	
OTHER:		OTHER:			L
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent det	tails, and give pertinent dat	es. including estin	tated date of starting a	ny proposed
10/10/98: Spud 26" hole	at 9:35 a.m., set 40° of	20" 250 wallpipe.	Cemented w/	4 yds & 6 sacks	1" rock.
10/22/98: Rigging up Mc\	/ay Rig #7.				
set at 605. Cemented csg	L/2" hole @ 605'. RU csg og w/ 600 sx C4 "C" contain o.m. 10/23/98. Bumped plu	ing 2% CaCl2 & 1/4	pps Cellofla	≒H-40 ST&C casi ke. Circ'd 218	ng and • sx ⇒ to
10/24/98: Cut casing off welder. Weld on spacer t jt. Resume drlg formatio	f and weld on head. Tester cool. Test csg & hydril to on.	d weld to 500 psi, o 500 psi, ok. WOO	ok. NU BOP. C total of 24	PU BHA & TIH. hrs. Drlg flo	Wait on at & shoe
I hereby certify that the information above is tru	te and complete to the heat of my knowledge	e and helief			
SIGNATURE DALLY ME	11	LE <u>Sr. Production (</u>	Clerk	DATE10/3	28/98
TYPE OR PRINT NAME TETTY MCCUllou	Janh			TELEBRONE NO. O15 /	606 6612
	gn			TELEPHONE NO. 915/	080-0012
(This space for State Use)					
APPROVED BY		16		NOV	0 0 100 8