

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 ☐ GAS WELL ☐ OTHER ☒ WATER INJECTION

2. NAME OF OPERATOR
SANTA FE EXPLORATION CO.

3. ADDRESS OF OPERATOR
P.O. Box 1136 Roswell NM 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
330' FNL & 330' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, OR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-032326(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NM FU

8. FARM OR LEASE NAME
LANGLIE JACK UNIT

9. WELL NO.
17

10. FIELD AND POOL, OR WILDCAT
LANGLIE MATTHEW 7 RURS. QN.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 29 T 24S R 37E

12. COUNTY OR PARISH
LEA

13. STATE
NM

16. Check Appropriate Box To Indicate Purpose of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	☐		
PULL OR ALTER CASING	☐	REPAIRING WELL	☒
MULTIPLE COMPLETION	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☐		

(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.)

TBGR OR PACKER FAILURE WAS DETECTED
IN THIS WELL. MIRM SS WELL SERVICE
PULLED TBGR AND FOUND HOLE IN TUBING
~240' FROM SURFACE. RHT W/PACKERS
TUBING - REPLACED 1 JOINT PACKER C 3159'
W/ 15 PTS. TOP OF LINER C 3192'. TD 3605'
TEST CASING W/ CHAPARRAL SERVICES TO 500 PSI
FOR 30 MIN HELD OK CHART ATTACHED.

cc NMOC - HOBBS

I hereby certify that the foregoing is true and correct

SIGNED A. J. Hobbs TITLE PETROLEUM ENGINEER DATE 29 MAR 89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 4 1989

SJS

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side