

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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SEP 4 11 07 AM '87

Form Approved.
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR

Santa Fe Energy Operating Partners, L. P.

3. ADDRESS OF OPERATOR

500 W Illinois, Suite 500, Midland, Texas 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990 FNL & 1650 FWL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE

LC 032579 (e)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CARLSON B -1

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Langlie Mattix 21 Qu-G-65

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 1-25S-37E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

DF 3124

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

8-6-86: Set CIPB @ 3070. Tag BP witnessed by BLM. Pumped 14 sx cmt. thru displaced hole w 10#salt gel mud. Pulled up to 2368 and set 25 sx plug
8-13-86 Cut casing @ 1015- pulled 24 JTS. 5 1/2 csg. Set 35 sx cl C cmt plug from 1065 to 925. Tagged cmt plug @ 990. Set 50' surface plug. Errect P & A marker

8-29-86 Clean & Backdrag location Ready for inspection.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED 12 Wood TITLE Sr. Prod. Clerk DATE 10-21-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: