

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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, TX 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' 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:

☐
☐
☐
☐
☐
☐
☐
☒

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.)*

8-12-86: Set CIBP @ 3030'. Tagged CIBP @ 3045'. Spot 15 sx cmt on top of thru BP. Set 25 sx plug @ 2400-2200'. Spot 45 sx cmt plug @ 1050'.

8-16-86 Tagged cmt @ 835'. Set 50 sx cmt plug from 200' to surface. Cut wellhead off. Install dry hole marker.

8-29-86: Clean & back drag locator. Ready for inspection.

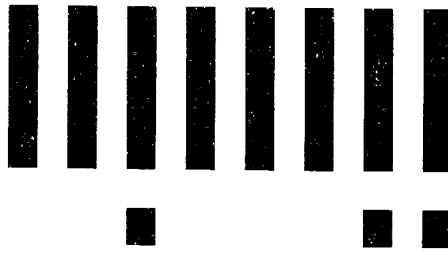
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED B. Hart 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: _____



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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, TX 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' 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.
3
10. FIELD OR WILDCAT NAME
Langlie Mattix
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1-25S-37E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
DF 3122

(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.)*

8-12-86: Set CIBP @ 3030'. Tagged CIBP @ 3045'. Spot 15 sx cmt on top of thru BP. Set 25 sx plug @ 2400-2200'. Spot 45 sx cmt plug @ 1050'.
8-16-86 Tagged cmt @ 835'. Set 50 sx cmt plug from 200' to surface.
Install dry hole marker.

8-29-86: Clean & back drag locator. Ready for inspection.

*Cut 5 1/2" casing @ 995' as per telecon w/ Billie Hard
10-24-86 / B.R.L.*

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

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

SIGNED Billie Hard TITLE Sr. Prod. Clerk DATE 10-21-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 11-6-86
CONDITIONS OF APPROVAL, IF ANY:

Approved on _____
By _____
Special Agent _____