

UNIT STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
SIGNATURE AND SERIAL NO.
NM 40452

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD <input checked="" type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR SANTA FE ENERGY OPERATING PARTNERS, L.P.	8. FARM OR LEASE NAME Shinnery 14 Federal
3. ADDRESS OF OPERATOR P. O. Box 2327, Carlsbad, New Mexico 88221-2327	9. WELL NO. #5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' NFL & 660' FEL	10. FIELD AND POOL, OR WILDCAT W. Corbin Delaware
14. PERMIT NO. API #30-025-30719	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3834'
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14 T18S R32E
	12. COUNTY OR PARISH 13. STATE Lea NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.)

A. Formations from which water originates is Grayberg and Bone Spring

B. Produced water from each formation in bbls per day: Grayberg--363.5 bbls/day
Bone Spring--19.21 bbls/day

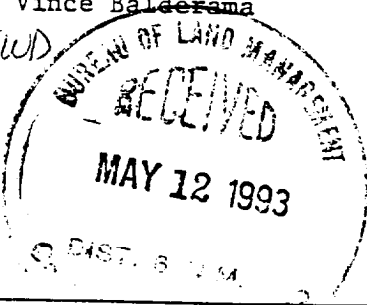
C. Water analysis from each well is attached.

D. Water is stored in covered, self contained, 1-750 bbl Fiberglass tank and 3-500 bbl Fiberglass tanks

E. Water is transferred via electric transfer pump, pipeline gathering system, see attached Exhibit "A"

F. SWD #436

G. Original and 5 copies to BLM-Hobbs, N.M. ATTN: Vince Balderama
This well disposes into the #5 SWD well: 4-Shinnery 14 Federal, NM-40452, Sec 14, T18S R32E



MAY 11 9 12 AM '93

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

SIGNED P.L. "Pete" Skull TITLE Area Superintendent DATE April 30, 1993

(This space for Federal or State office use)

APPROVED BY (ORIG. SCD) JOE G. LARA TITLE PETROLEUM ENGINEER DATE JUN 15 1993

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States a false statement.

RECEIVED

JUN 18 1993

OOD FIELDS
OFFICE

24 JUN 1993 14:00