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Form 3160-5	(. Fr	STATES			FORM APPROVED
(June 1990)	OF THE INTERIOR			Budget Bureau No. 1004-0135	
BUREAU OF LAND MANAGEMENT				Expires: March 31, 1993	
					5. Lease Designation and Serial No.
					NM-29234
SUNDRY NOTICES AND REPORTS ON WELLS					6. If Indian, Allottee or Tribe Name
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.					
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals SUBMIT IN TRIPLICATE 0112131415 0112315 011231415 011231415 011231415 011231415 011231415 011231415 011231415 011231415 011231415 011231415 011231415 011231415 01131415 01131415					
SUBMIT IN TRIPLICATE					
1. Type of Well					
	INJECTION		5	201	
Well Well Ot 2. Name of Operator	her	<u> </u>	- um 1698	<u> </u>	8. V Lotos "10" Federal
		4	TOCIVED	N	Well #I
Sonat Exploration CoMidland 3. Address and Telephone No.			RELEARTE	SHA NI	9. API Well No.
		12	OCD · ARTE	$\tilde{\lambda}$	30 015 28572
IIO W. Louisiana, Suite 500, M 4. Location of Weil (Footage, Sec., T., R		5 684-0400		<u>~</u>	10. Field and Pool, or Exploratory Area Bone Springs
SURFACE: 1980' FNL & 1980		52628212856 ³⁵			11. County or Pariste State
TD: Sec 10, T24S, R					11. County or Parish, State
					Eddy, NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
TYPE OF SUBMISS	TYPE OF ACTION				
Notice of Intent			Abandonment		Change of Plans
		X	Recompletion		New Construction
X Subsequent Report	t		Plugging Back		Non-Routine Fracturing
			Casing Repair		Water Shut-Off
Final Abandonmen	it Notice		Altering Casing		Conversion to Injection
]		Dispose Water
					(Note: Report results of multiple completion on Well
					Completion or Recompletion Report and Log form.)
13. 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.)*					
I0-20-98: Prepare to pull packer, set CIBP, test tubing to 3000 psi. Rig up pulling unit.					
10-21-98: Test annulus, wellhead flanges & BOP to 2500 psi (ok), Release latch assembly, TOH w/l jt 2 7/8" tbg,					
pour 4.5 sx l2/20 sand in tbg, (20'fill on packer). Spot w/65 bbls 2% KCL, TOH w/tbg, strap out to					
II,800', RU BJ, test lines, break circulation, pump 2 BW, 6 bbls cmt slurry, 67 bbls displacement, SWD, TOH to II,600', reverse out l95 bbls, 2% KCL. RD BJ. TOH to l0,900'.					
0-22-98: TOH w/tbg, RU wireline, run GR/CCL, TIH with CIBP to top of cement @ II,600', set CIBP @ II,598', load hole w/					
335 bbls 2% KCL, 1000 gals 7.5% NEFE, put acid on spot w/2% KCL displacement, RD BJ.					
Trip in hole with I5 stds tbg to I0,633'. SION.					
10-23-98: TOH w/tbg & CIBP setting too, RU BJ, load annulus w/10 bbls 2% KCL, test csg, perforate @ II 530-II,548', TOH,					
RD wireline, NU frac tree, test flange to 8000 psi, RU BJ, breakdown perfs w/7.5% double inhibited NEFE					
on spot.					
I0-24-98:Fraced 3rd Bone Springs @ II,530-II,548', pumped 4 stages I6/30 sand/interprop, pump flush.					
Rigged down BJ.					
I0-26-98: Opened well on I8/64" choke, flowing on I4/64" choke, flow to test tanks. II-4-98: Installed artificial lift and new facilities. Prep for gas to low pressure line and potential testing.					
n - oo, matanog aranoiar na ang now naointioo. I rop for gao to iow processio into ang potential toating.					
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14 Thereby counts that the families of					
14. I hereby certify that the foregoing is t					
11.1.10					D-1- # 0.09
Signed		EGULATURY A	GENI		Date -9-98
(This space for Federal of State office	e usej				
Approved by	Title				Date
Conditions of approval, if any:					
Title 18 U.S.C. Section 1001, makes it a		villfully to make to a	any department or age	ncy of the United S	tates any false, fictitious or fraudulent
statements or representations as to any matter within its jurisdiction.					
*. *See Instruction on Reverse Side					
DIST: BLM(5) NMOCD(1)					