

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

Form approved.
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 SWD

2. NAME OF OPERATOR
SANTA FE ENERGY OPERATING PARTNERS, L.P.

3. ADDRESS OF OPERATOR
P. O. Box 2327, Carlsbad, New Mexico 88221-2327

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

5. LEASE DESIGNATION AND SERIAL NO.
NM 40452

6. IF INDIAN ALLOTTEE OR TRIBE NAME
1988, NEW ME (CO. 88220)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Shinnery 14 Federal

9. WELL NO.
#5

10. FIELD AND POOL, OR WILDCAT
W. Corbin Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 14 T18S R32E

12. COUNTY OR PARISH 13. STATE
Lea NM

14. PERMIT NO.
API #30-025-30719

15. ELEVATIONS (Show whether OF, RT, CR, etc.)
3834'

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) SWD			

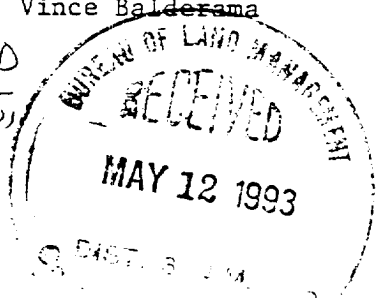
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

- 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; 2-Corrienta 12 Fed., NM-22085, Sec 12, T18S R32E.



MAY 11 9 22 AM '93

18. I hereby certify that the foregoing is true and correct
SIGNED R.L. "Fete" Stull TITLE Area Superintendent DATE April 30, 1993

(This space for Federal or State office use)

APPROVED BY FORG. SEC. JOE G. LARA TITLE PETROLEUM ENGINEER DATE 5 15 1993

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUN 18 1993

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