

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SWELL DISTRICT
SUBMIT IN TRIPLIC.
(Other instructions on reverse 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER SWD	5. LEASE DESIGNATION AND SERIAL NO. COMMISSION 2
2. NAME OF OPERATOR SANTA FE ENERGY OPERATING PARTNERS, L.P.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2327, Carlsbad, New Mexico 88221-2327	7. UNIT AGREEMENT NAME
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	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
14. PERMIT NO. API #30-025-30719	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3834'	13. STATE NM

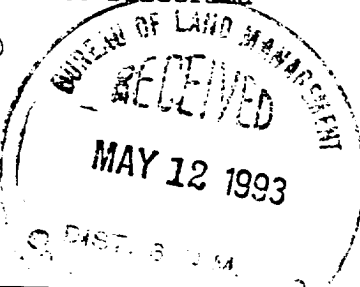
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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			

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: 1-Shinnery 14 Fed, NM-40452, Sec 14 T18S R32E.



REC'D
MAY 11 9 12 AM '93

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>R.L. Felt</u>	TITLE <u>Area Superintendent</u>	DATE <u>April 30, 1993</u>
(This space for Federal or State office use)		
APPROVED BY <u>(ORIG. SGO) JOE G. LARA</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>JUN 15 1993</u>
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 any false, fictitious or fraudulent statements or representations, or to submit any false, fictitious or fraudulent documents.