

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM - 40452
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 500 W. Illinois, Suite 500, Midland, TX 79701	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 330' FSL and 660' FEL, Sec. 14, T-18S, R-32E Unit P	8. FARM OR LEASE NAME Shinnery 14 Federal
14. PERMIT NO. API # 30-025-30569	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3801.5' GR	10. FIELD AND POOL, OR WILDCAT Quechero Plains Upper Bone Spring
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-18S, R-32E
	12. COUNTY OR PARISH Lea
	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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <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 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.) *

Called BLM and received verbal approval to perform work from Shannon Shaw on 11-6-89.

The following work began on 11-8-89: Shot additional perfs in Bone Spring interval from 8446'-58' (25 holes). Acidized w/ 1000 gals 7-1/2% Morrow acid and 40 ball sealers. Fracture treated perfs down casing w/ 85,000 gals 2% KCl (35# Borate x linked) containing 150,000# 20/40 Ottawa sand and 60,000# 20/40 Santrol super sand curable resin coated sand. Placed well on pump.

11-29-89: In 22 hours well pumped 28 BO, 42 BW and 51 MCFG. Final Report.

APPROVED FOR RECORD

Adm

12-11-89

CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED Berry McCallough

TITLE Sr. Production Clerk

DATE 12-11-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1011, makes it a crime for any person knowingly and willfully to make to a department or agency of the United States any false, fictitious or fraudulent statement or report.