

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION  
P. O. BOX 1900  
ALBUQUERQUE, NM 87240  
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 <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, Texas 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  2310' FNL & 660' FEL, Sec. 14, T-18S, R-32E		8. FARM OR LEASE NAME Shinnery 14 Federal	
14. PERMIT NO. API #30-025-30719		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3818.9' GR		10. FIELD AND POOL, OR WILDCAT Und. 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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	Set casing string		

(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.)

11-23-89: Depth 8782'. RU and ran 205 jts 5-1/2" 17# N-80 LT&C R-3 casing and set at 8781'. FC at 8690'. DV tool at 5710'. Cemented 1st stage w/ 375 sx PSL-H 10% salt and 175 sx Cl "H" w/ 5% salt and .7% CF-14. Plug down at 5:40 p.m. Cemented 2nd stage w/ 320 sx PSL-H 10% salt and 506 sx Cl "H" w/ 5% salt and .7% CF-14. Plug down at 11:45 p.m. Circ 48 sx cmt through DV tool between stages. Rig released at 5:00 a.m. MST on 11-24-89. WOCU.

ACCEPTED FOR RECORD

Adz

DEC 12 1989

CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED [Signature] TITLE Sr. Production Clerk DATE 12/1/89

(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 1401, makes it a crime for any person knowingly and willfully to make a false statement or report to the United States Department of the Interior.

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CCD

HOBT 11-11-89