

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA OFFICE

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATION	
PRODUCTION OFFICE	
Operator	

Santa Fe Exploration Company (505-623-2733)

Address
P.O. Box 1136/Roswell, NM 88202

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Tenneco State	2	/	State, Federal or Fee State	B-7717
Location				
Unit Letter	C	495 Feet From The North	Line and 2310	Feet From The West
Line of Section	2	T. W. Shp	19-S	Range 29-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company	Drawer 150/Artesia NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	Bartlesville, OK					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	2	19-S	29-E	Yes	11-1-84

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-11-84	11-1-84		3500'		3500'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3414.2 GL	Queen/GR/SA		2356'		3180			
Perforations					Depth Casing Shoe			
2356-70, 2664-2812; 2874-2893, 2996-3012 & 3138-3145					3500'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	24#- 8-5/8"	353'	165 C1 C
7-7/8"	14#- 5-1/2"	3500'	390 sx 50/50 POZ
2-7/8"	2-7/8"	3180'	

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

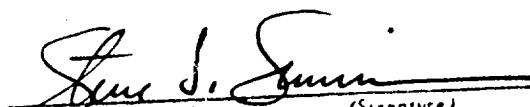
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/1/84	12/1/84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	N/A	N/A	N/A
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
	60	80	20

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Steve L. Simmons/Agent
(Title)12/3/84
(Date)

OIL CONSERVATION DIVISION

DEC 19 1984

APPROVED _____, 19

BY _____
ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOCTITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multi-completed wells.