

OIL CONSERVATION DIVISION

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**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**  
**ARTESIA, OFFICE**

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
**REQUEST FOR ALLOWABLE AND**  
**TO TRANSPORT OIL AND NATURAL GAS**

**Operator**  
Santa Fe Energy Company ✓

**Address**  
500 W. Illinois, Suite 500, Midland, TX 79701

**Reason(s) for filing (Check proper box)**  
 New Well       Change in Transporter of: Oil       Dry Gas   
 Recompletion       Casinghead Gas       Condensate   
 Change in Ownership

**Other (Please explain)**  
**CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-24-86 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Lusk 22 Federal	<b>Well No.</b> 2	<b>Pool Name, Including Formation</b> N. Hackberry - Yates <del>Lusk West Yates</del>	<b>Kind of Lease</b> State, Federal or Fee Federal	<b>Lease No.</b> NM 44594
<b>Location</b> Unit Letter <u>E</u> ; <u>510</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u> Line of Section <u>22</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 3119, Midland, TX 79702
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	<b>Address (Give address to which approved copy of this form is to be sent)</b> _____
<b>If well produces oil or liquids, give location of tanks.</b> Unit <u>E</u> Sec. <u>22</u> Twp. <u>19S</u> Rge. <u>31E</u>	<b>is gas actually connected?</b> <u>no</u> <b>When</b> _____

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

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b> Oil Well <input checked="" type="checkbox"/> Gas well _____ New well <input checked="" type="checkbox"/> Workover _____ Deepen _____ Plug Back _____ Same Testy. _____ Diff. Per. _____
<b>Date Spudded</b> 12-31-85 <b>Date Compl. Ready to Prod.</b> 3-26-86 <b>Total Depth</b> 2403' <b>P.B.T.D.</b> 2360'
<b>Elevations (DF, RNS, RT, GR, etc.)</b> GL 3529'3 <b>Name of Producing Formation</b> Yates <b>Top Oil/Gas Pay</b> 2280' <b>Tubing Depth</b> 2273'
<b>Perforations</b> 2280 - 2368 <b>Depth Casing Shoe</b> 2400

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	507	450
7 7/8	4 1/2	2400	1100
	2 3/8	2273	

**V. 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 for oil able for this depth or be for full 24 hours)

<b>Date First New Oil Run To Tanks</b> 3-26-86	<b>Date of Test</b> 3-31-86	<b>Producing Method (Flow, pump, gas lift, etc.)</b> Pump	
<b>Length of Test</b> 24 hrs	<b>Tubing Pressure</b> 0	<b>Casing Pressure</b> 0	<b>Choke Size</b> 1 1/4"
<b>Actual Prod. During Test</b>	<b>Oil - Bbls.</b> 15	<b>Water - Bbls.</b> 20	<b>Gas - MCF</b> TSTM

**GAS WELL**

<b>Actual Prod. Test - MCF/D</b>	<b>Length of Test</b>	<b>Bbls. Condensate/MCF</b>	<b>Gravity of Condensate</b>
<b>Testing Method (pilot, back pt.)</b>	<b>Tubing Pressure (Shut-In)</b>	<b>Casing Pressure (Shut-In)</b>	<b>Choke Size</b>

**VI. 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.

Billie Hood      **Billie Hood**  
(Signature)      **Sr. Production Clerk**  
(Title)

4-17-86  
(Date)

**OIL CONSERVATION DIVISION**

**APR 23 1986**

**APPROVED** \_\_\_\_\_, 19\_\_\_\_

**BY** Les A. Clements  
Original Signed By  
Supervisor District II

**TITLE** \_\_\_\_\_

This form is to be filed in compliance with RULE 1100.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate 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 Forms C-104 must be filed for each pool in multi-

RECEIVED BY  
MAY 11 1934  
U. S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D. C.

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