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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
OCT 13 1993
C.O.D.

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Santa Fe Energy Operating Partners, L.P. Well APN No. 30-015-26081

Address 350 W. Texas, Suite 1330, Midland, Texas 79701

Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of: Request to move 1200 Bbls Test Oil
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Roarings Springs Fed Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Indian Basin Upper Penn</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM-77957/NM-77958</u>
Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>14</u> Township <u>21S</u> Range <u>23E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Scurlock Permian P. O. Box 3119, Midland, TX 79702

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>14</u>	Twp. <u>21S</u>	Rge. <u>23E</u>	Is gas actually connected? <u>No</u>	When ?
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If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

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 top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature Terry McCullough, Sr. Production Clerk
Printed Name Terry McCullough, Sr. Production Clerk Title Production Clerk
Date Oct. 12, 1993 Telephone No. 915/687-3551

OIL CONSERVATION DIVISION

Date Approved OCT 13 1993

By ORIGINAL SIGNED BY MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.