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Appropriate District Office  
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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Santa Fe Energy Operating Partners, L.P.		Well API No. 30-015-26954
Address 550 W. Texas, Suite 1330, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain)		
Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Harroun Trust 31 Fed Com	Well No. 1	Pool Name, including Formation Culebra Bluff (Atoka), So.	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter L : 660 Feet From The West Line and 1980' Feet From The South Line Section 31 Township 23S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Pinnacle Natural Gas	P. O. Box 11248, Midland, Texas					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 31	Twp. 23S	Rge. 29E	Is gas actually connected? Yes	When? July 25, 1992

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
		X	X					
Date Spudded 3-18-92	Date Compl. Ready to Prod. 5-30-92	Total Depth 12,185'		P.B.T.D. 12,090'				
Elevations (DF, RKB, RT, GR, etc.) 2962.4' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 11,910'		Tubing Depth 11,869'				
Perforations 11,910'-11,951' 36 holes				Depth Casing Shoe 12,185'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8"	645'		800 sx				
12-1/4	9-5/8"	2718'		2050 sx				
8-3/4	7"	10,458'		850 sx				
6-1/8"	4-1/2 liner	10,149' to 12,185'		100 sx				

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-3/8" tubing EOTP 11,869'

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 CAOF 1994	Length of Test 4 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate n/a
Testing Method (pucl, back pr.) Back press.	Tubing Pressure (Shut-in) 5912	Casing Pressure (Shut-in) pkr	Choke Size variable

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  
7/7/92  
Date  
915/687-3551  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 24 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT I

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.