Submit 5 Cornes
Appropriate District |
DISTRICT | P.U. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anema, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

## Form C-104 Form C-104 See Instructions MAY 2 8 1992

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ISTRICT III		San	na re,	, New Mex	rico 8/204	4-2088	ì	No.	· •		
XVI Kio Brazos Rd., Aztec, NM 87410	REQU	EST FC	OR AL	LOWABI	LE AND A	UTHORIZA			-		
						URAL GAS	–				
perator				<u> </u>	/	or interaction	Well AF	Pl No.			
Santa Fe Energy Or	nergy Operating Partners, L.P.				V			30-015-27180			
Idress				30-013-27180							
550 W. Texas, Sui	te 133	30, Mid	iland	i. Texas	79701						
eason(s) for Filing (Check proper bax)				,		t (Please explain	ıJ				
ew Well		Change in	Transpo	orter of:	_	• • • • • • • • • • • • • • • • • • • •	,				
ecompletion	Oil		Dry Ga		Chang	ge effect:	ive 6/1	/93			
hange in Operator	Casinghea	_	Conde		,	J	0,1	, , , ,			
change of operator give name d address of previous operator											
DESCRIPTION OF WELL A	ND LE	ASE							<del></del>		
case Name				Name Includir	e Formation		Lease	<del></del>	<del></del>		
Warthog 2 State							ederal or Fee VB-407				
ocation		<del></del>			dara bei	id Delawai			1 VB-2	+07	
Unit LenerH	.:19	080	_ Feet F	rom The No	rth Lin	e and660	Fee	et From The	East	Line	
Section 2 Township	23	łs.	Range	• 28E	N	мрм.	,	711.			
						MILIMI,		Eddy		County	
I. DESIGNATION OF TRANS	SPORTE			ND NATU	RAL GAS	<u> </u>					
ame of Authorized Transporter of Oil	X	or Conde			Address (Gi	ve address to whi	ch approved	copy of this for	m is to be se	ni)	
Pride Pipeline					P. O. E	Box 2436,	Abilene	e, Texas	79604	•	
iame of Authorized Transporter of Casing		$\square X$	or Dr	y Gas 🔲	Address (Gi	ve address to whi	ich approved	copy of this for	m is to be se	n()	
Continental Natural G	as, In	c.				3ox 21470,				<b>,_,</b>	
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		ly connected?	When		<del></del>		
ve location of tanks.	l H	2	1 23			es.	1		·÷1 20	1002	
this production is commingled with that i	rom say o	ther lease of			ling order num	ber		Apr	il 30,	1993	
V. COMPLETION DATA					- <u>,</u>						
Designate Type of Completion	- (X)	Oil Wei	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Cor	npl. Ready	to Prod.		Total Depth			P.B.T.D.		ᆚ	
	į							1.5.1.5.			
elevauons (DF, RKB, RT, GR, etc.)	Name of	Producing I	Formatio	00	Top OiVGas	Top Oil/Gas Pay			Tubing Depth		
		_									
Perforations								Depth Casing	Shoe		
					CEMENTING RECORD						
HOLE SIZE	с	CASING & TUEING SIZE				DEPTH SET			SACKS CEMENT		
										·	
. TEST DATA AND REQUE	ST FOR	ALLOV	VABL	E			<del></del>	<del></del>			
OIL WELL (Test must be after	recovery of	total volun	re of los	ad oil and mus	it be equal to	or exceed top allo	owable for th	is depth or be f	or full 24 hou	urs)	
Date First New Oil Run To Tank	Date of	Test				Method (Flow, p.					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
	Oil - Bbls.				Water - Bbls.			1	1		
Actual Prod. During Test								Gas- MCF			
					ļ						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls Cond	Bbls. Condensate/MMCF  Casing Pressure (Shut-in)			Gravity of Condensate		
Testing Method (puot, back pr.)	Tubing	Tubing Pressure (Shut-in)							Choke Size		
2 15 14			<b>_</b> /			(with tu)		CHOLE SIZE			
VI ODEDATOR CERTIFIC		<u> </u>	<u> </u>	4 > 1000	<del></del>		· · · · · · ·				
VI. OPERATOR CERTIFIC					- 11		VICED!	ATION	DIVIOL	<b>~</b> \	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my	s that the is	MOULTH POPULATION	given ab	xove							
	// /	E ADG DEHE! /	. /		Da	te Approve	ed	JUN "	7 1991	3	
10000111111	1//	_	<b>√</b> L			FF. O. C				<del></del>	
Jerry VC	11/1	OU)	<u> </u>		D.	· ^	RICINAL	ICIDA: FR			
Signature McCullough	C ~		)	C11	∥ Бу	3.5	MELLINAL	ISIGNED E	57		
Terry NcCullough,	or. P	roduct					Markey (1997) Togatharia	Li P.M. Ja			
May 28 , 1993		F / C =	Tid		Tit	le	7 35 VIS	OR O'SHA	10,710		
Date 1993	91	5/687-	<u> 3551</u>								
Late		-		Ri-	11						

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

- 1) Request for allowable for newly drilled or despened 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.

Telephone No.

- 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.