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Dist 5 Office
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

DISTRICT III
200 Rio Brazos Rd., Aztec, NM 87410

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

Operator Santa Fe Energy Operating Partners, L.P. ✓	Well API No. 30-015-27422
Address 550 W. Texas, Suite 1330, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	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 Pure Gold C-17 Federal	Well No. 14	Pool Name, including Formation Los Medanos (Delaware)	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM-45235
Location Unit Letter <u>L</u> : <u>1780</u> Feet From The <u>South</u> Line and <u>530</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>23S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> EOTT Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4666, Houston, Texas 77210-4666				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, New Mexico 88240				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 17	Twp. 23S	Rge. 31E	Is gas actually connected? <input checked="" type="checkbox"/> When? July 13, 1993

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-17-93	Date Compl. Ready to Prod. 7-12-93	Total Depth 8000'	P.B.T.D. 7943'					
Elevations (DF, RXB, RT, GR, etc.) 3313' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7782'	Tubing Depth 7684'					
Perforations 7782'-7838' (56 holes)							Depth Casing Shoe 8000'	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17-1/2"	13-3/8"		590'			800 sx C1 C		
12-1/4"	8-5/8"		4050'			2200 sx C + C=Lite		
7-7/8"	5-1/2"		8000'			1050 sx H, Lite, & Neat		
	2-7/8"		7684'					

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 7/11/93	Date of Test 7/15/93	Producing Method (Flow, pump, gas lift, etc.) Flowing		
Length of Test 24 hrs.	Tubing Pressure 850	Casing Pressure 650	Choke Size 18/64"	Post ID-2 9-17-93 comp + BK
Actual Prod. During Test	Oil - Bbls. 319	Water - Bbls. 148	Gas - MCF 151	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.

Terry McCullough
Signature
Terry McCullough, Sr. Production Clerk
Title
July 19, 1993 915/687-3551
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 9 1993
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.