

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

DISTRICT III  
1000 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.	30-015-27598
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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
North Pure Gold 8 Federal	5	Los Medanos (Delaware)	State, Federal or Fee	NM-77046
Location				
Unit Letter	0	660	Feet From The South	Line and 2310
Section	8	Township	23S	Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	EOTT Energy Operating LP	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 4666, Houston, TX 77210-4666			
Name of Authorized Transporter of Casinghead Gas	Llano, Inc.	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1320, Hobbs, NM 88240			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	TwP.	Rge.	Is gas actually connected?	When?
	N	9	23S	31E	Yes	November 16, 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
10-18-93	11-13-93	8070'		8023'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3305' GR	Delaware	7860'		7812'				
Perforations	7860'-7900' (40 holes)				Depth Casing Shoe			
				8070'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 48#		590'		350 sx C1 "C" circ'd			
12-1/4"	8-5/8" 32#		4045'		1700 Lite & 500 Neat			
7-7/8"	5 1/2" 15.5 & 17#		8070'		495 H, 190 Lite & 500 Neat			
	2-7/8"		7812'					

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.)

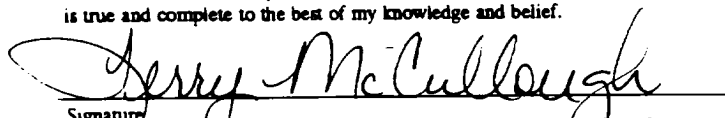
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-13-93	11-16-93	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	450	1020	18/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	249	123	231

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  
Nov. 17, 1993  
Date  
915/687-3551  
Telephone No.

OIL CONSERVATION DIVISION

NOV 22 1993

Date Approved

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.