

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

OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

I. Operator: Santa Fe Energy Operating Partners, L.P. Well API No. 30-025-30986
Address: 550 W. Texas, Suite 1330, Midland, Texas 79701
Reason(s) for Filing (Check proper box):
New Well Other (Please explain) Request 600 Bbl. Test Allowable
Recompletion Change in Transporter of:
Change in Operator Oil Dry Gas
Casinghead Gas Condensate Dec. 1990
If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Kachina 8 Federal Well No. 1 Pool Name, including Formation: South Corbin Wolfcamp Kind of Lease: State, Federal or Fee Lease No. NM-84731
Location: Unit Letter C : 660 Feet From The North Line and 1830 Feet From The West Line
Section 8 Township 18S Range 33E, NMPM, Lea 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): Texaco Trading and Transportation P. O. Box 6196, Midland, TX 79711
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent): Conoco, Inc. 10 Desta Drive, Suite 627, Midland, TX 79705
If well produces oil or liquids, give location of tanks: Unit C Sec. 8 Twp. 18S Rge. 33E Is gas actually connected? No When ?

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 total 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 (pilot, 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
Date: Dec. 19, 1990 Telephone No.: 915/687-3551

OIL CONSERVATION DIVISION
Date Approved: _____
By: _____
Title: _____

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.