

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CONFIDENTIAL

Form C-104
Revised 10-01-78
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NOV 03 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

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DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		

Operator
Santa Fe Exploration Company

Address
P.O. Box 1136, Roswell New Mexico 88202-1136

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Holmstrom Federal	Well No. #1	Pool Name, including Formation Wildcat - Devonian	Kind of Lease State, Federal or Fee Federal NM	Lease No. NM-70402
Location Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East
Line of Section 9	Township 14S	Range 29S	NMPM,	Chaves 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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196 Midland Texas 79711-06196
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent) <i>Post FD-2 11-11-88 comp + BK</i>
If well produces oil or liquids, give location of tanks.	Unit J, Sec. 9, Twp. 14S, Rge. 29E
Is gas actually connected?	No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Dan A. McAlpin
(Signature)
President
31 OCT 88
(Date)

OIL CONSERVATION DIVISION
APPROVED NOV 4 1988

BY Original Signed By
Mike Williams
TITLE _____

This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 29 JUL 88	Date Compl. Ready to Prod. 9 SEP 88		Total Depth 9758' GR		P.B.T.D. 9758' GR				
Elevations (DF, RKB, RT, GR, etc.) 3724.3' GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 9718' GR		Tubing Depth 9737' GR (From Tally)				
Perforations Open Hole From 9728' - 9753' GR							Depth Casing Shoe 9728' GR		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 54.5# K-55			300'		50			
11 "	8 5/8" 32#&24# J-55			2500'		1000 Circ 150 SXS			
7 7/8"	5 1/2" 17# N-80 & J-55			9728'		Stage 1 360 SXS			
						Stage 2 950 SXS			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 9 SEP 88		Date of Test 28 SEP 88	Producing Method (Flow, pump, gas lift, etc.) Flowing		
Length of Test 4 Hrs.	Tubing Pressure 290	Casing Pressure -0-	Choke Size 12/64"		
Actual Prod. During Test 67.1	Oil - Bbls. 67.1 403	Water - Bbls. -0-	Gas - MCF 23 13.8		
24 Hr. Rates -		403	-0-		13.8

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size