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

State of New Michieu rgy, Minerals and Natural Resources Department

Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

CEIVED	See Instructions at Bottom of Pag	. CISI
3 1 8 <b>19</b> 9	93	
a ( . D.	·*	ı

TRICT II Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATO TRANSPORT OIL AND NATURAL GAS					Д	AUG 1 8 1993 TION C. D			
Rio Brizos Rd., Aziec, NM 87410						·				
rator G. L. E. E. C.						Well AF				
Santa Fe Energy	Operating D	Partne	ers, L.P.	/						
550 W. Texas, Su	ite 1330,	Midlar	nd, Texas	79701	(Please explai	n)				
ason(s) for Filing (Check proper box)	Chane	e in Trans	sporter of:		(1 some -)	•				
w Weli 🔛	Oil	Dry								
ange in Operator	Casinghead Gas	Con	densate							
hange of operator give name address of previous operator										
DESCRIPTION OF WELL	AND LEASE	No Boo	l Name, Including	Formation		Kind of	Lease	Lease No.		
ase Name	WEIL		os Medano		are)	State	ederal or Fee	NM-452	35	
Pure Gold C-17 Federal						30 Fee	t From The _	East	Line	
Unit LetterB	: 660	Fee	Prom The No		(PM,	E	ddy		County	
Section 17 Township	23S	Rat	nge Jin	, Ni	II IVI					
I. DESIGNATION OF TRAN	SPORTER O	FOIL A	AND NATUR	AL GAS	e address to wi	ich approved	copy of this for	rm is to be sen	1)	
						77	- Torac	1/210-4	1000	
	E Energy	Opera	ting LP	A 44 (Cin	a natroce IO Wi	HER ADDITIONS	(- (400			
EOTT Energy Corp.  ame of Authorized Transporter of Casin	ghead Gas (CC. X	X +- 1 00	pry Cas []	P. O.	Box 1320	, Hobbs,	New Mex	cico 8824	<u>+0</u>	
Llano, Inc.	Unit Sec.	Tw		ls gas actuali		When	7 Augus	st 11, 19	993	
well produces oil or liquids, we location of tanks.	H 1		3S 31E	Ye						
this production is commingled with that	from any other les	se or poo	l, give commingli	ng order num	ber:				-, - <del></del>	
V. COMPLETION DATA				New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		Well X	Gas Well	X X		<u>i                                     </u>	l,		.1	
Designate Type of Completion	- (X)	_	]	Total Depth			P.B.T.D.	. 0007	1	
Date Spudded 7/15/93	Date Compl. Ready to Prod. 8/8/93		-		8055'		8007'			
	l l	Name of Producing Formation			Top Oil/Gas Pay 7854			Tubing Depth 7744		
Elevations (DF, RKB, RT, GR, etc.) 3326' GR		Delaware			7834			Depth Casing Shoe 8055		
Perforations								805		
7854'-7900'	(47 holes)	n10 0	ACING AND	CEMENT	ING RECO	RD		21010 0511	CNT	
	TUB	ING, C	ING SIZE	CENTER	CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE		3-3/8			570 <b>'</b>		800 sx C1 C (circ) 2300 sx C-Lite & C-Ne			
17-1/2	<del></del>	3-3/8 8-5/8	11	4082'			2300 SX C-Lite & N			
12-174" 7-778"		5-1/2	11	8055			1000 52 11			
		2-7/8	11	<u> </u>	7744					
V. TEST DATA AND REQU	EST FOR ALI	LOWA	BLE	u ha agust to	or exceed top a	Mowable for 1	his depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after	r recovery of total	volume of	load ou and mu	Producing	Method (Flow,	pump, gas lift	, eic.)			
Date First New Oil Run To Tank	Date of Test		.0/93		wing		Choke Siz			
8/6/93	Tubing Pressu			Casing Pre	sure	20	Chock Siz		64"	
Length of Test 24 hours	I doing t ices.		600	<u> </u>		20	Gas- MCF			
Actual Prod. During Test	Oil - Bbis.		347	Water - Bt	ls. 	70		59	)5	
							Cravity of	Condensate	OF T	
GAS WELL	Leagth of Te	ıt .		Bols. Con	den sale/MMCF		Giarri, G	, , , , , , , , , , , , , , , , , , , ,	9-10-9	
Actual Prod. Test - MCF/D	1			N	essure (Shut-in	r	Choke Si	10 64	nep 4 /	
Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-	·ia)	Casing Fr	558010 (Cite					
,			TANIOT				/ATION	וטועופו	ON	
VI. OPERATOR CERTIF	ICATE OF (	COMP	LIANCE	H	OIL CO	ONSER	VATION	א הואוסו		
	Intings of IDS LI		TEUVH	11			AHC 9	z 7 1993		
I hereby certify that the rules and re Division have been complied with is true and complete to the best of				∥ n:	ate Appro	ved	AUG A			
^	. (7						0101155	<b>n</b> v		
Jerus Malie	Warrahi			В			SIGNED	R.A.		
		i	Clerk			MIKE WIE	LIAMS SOR, DIST	RICT II		
Signature McCullough,	Sr. Produ	CLIUII	Title	`∥ т	tle	JUFERVI.	2014, DIGI			

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

915/687-

Printed Name

August

1993

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3551

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. Form C.104 must be filed for each pool in multiply completed wells.