Submit 5 Corres Arresponate Faunce Office DIST!(CT.)
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, Anema, NM 88210

DISTRICT III ILL KIO BIRIOS Rd., AZIEC, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Santa Fe Energy Operating Partners, L.P. 30-025-31802 Address 550 W. Texas, Suite 1330, Midland, Texas Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Request 1500 bbl test allowable Recompletion Dry Gas Oil Change in Operator Casinghead Gas Condensate 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. Kachina 8 Federal 3 South Corbin Wolfcamp State, Federal or Fee NM-84731 Location 1980 North Line and \_\_\_ Unit Letter \_\_\_ Feet From The Feet From The Line 18S Township 33E Range , 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) XTexaco Trading & Transportation P. O. Box 6196, Midland, Texas 79711 Name of Authorized Transporter of Casinghead Gas Xor 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, Twp. Rge. Is gas actually connected? S∞c. When ? give location of tanks. 8 [ | 18S | 33E No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Cil/Gas Pay Tubing Depth Performons Depth Casing Shoe 11,351'-11,369' 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 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 lyi, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bhis Water - Bhie Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Coodensale

## Tosting Method (puor, Lack pr.) Tubing Prestin (Shutin)

Date

VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby cerufy 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, Production Clerk Printed Name Title

Feb. 8. 1993 915/687-3551 Telephone No.

## OIL CONSERVATION DIVISION

Chake Size

FEB 1 1 1993 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.

Casing Pressure (Shut-in)

- 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.