

Operator Santa Fe Energy Operating Partners, L.P.		Well API No. 30-015-25031
Address 500 W. Illinois, Suite 500, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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		

Lease Name Lovellace	Well No. 1	Pool Name, including Formation Und. Cass Draw Wolfcamp	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>L</u> : <u>1090'</u> Feet From The <u>West</u> Line and <u>1439'</u> Feet From The <u>South</u> Line Section <u>27</u> Township <u>22S</u> Range <u>27E</u> , NMPM, Eddy County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Permian Corporation		P. O. Box 3119, Midland, TX 79702				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Llano, Inc.		P. O. Drawer 1320, Hobbs, NM 88241				
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>27</u>	Twp. <u>22S</u>	Rge. <u>27E</u>	Is gas actually connected? Yes	When? 7-27-89

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
			X						X
Date Spudded 10-3-84	Date Compl. Ready to Prod. Recompl. 7-29-89		Total Depth 12,120'		P.B.T.D. 11,665'				
Elevations (DF, RKB, RT, GR, etc.) 3115.3' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9462'		Tubing Depth 9296'				
Perforations 9462-10,010' (47 holes)					Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		520'		625 sx Cl C				
12 1/4"	9 5/8"		5,547'		2300 sx Howco lite & "C"				
8 1/2"	5 1/2"		12,120'		1160 sx Cl C				
	2 3/8"		9,296'						

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.)	
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 541	Length of Test 24	Bbls. Condensate/MMCF 59	Gravity of Condensate 55
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 2450	Casing Pressure (Shut-in)	Choke Size 12/64"

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.		OIL CONSERVATION DIVISION	
Signature <u>Terry McCullough</u>		Date Approved _____	
Printed Name Terry McCullough, Sr. Production Clerk		By _____	
Date 8-10-89		Title _____	
Telephone No. 915/687-3551		WELL FILE COPY DO NOT REMOVE	

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.