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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions OCT 05 2009

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

-	HEQUEST									
	101	RANS	PORT OIL	AND NA	TURAL GA		E			
Operator	•		Well A							
Santa Fe Energy		30-015-25031								
Address	0 14- 500	366 1	1 - 1 m	7070						
500 W. Illinois,		, Mld.	land, Tex			 				
Reason(s) for Filing (Check proper box) New Well		!- T			et (Please expla	un)				
	Oil		usporter of:							
•			ndensate							
Thange in Operator	Casinghead Gas	<u> </u>	noensate	· · · · · · · · · · · · · · · · · · ·				·····		
change of operator give name ad address of previous operator										
	ANID FEACE									
I. DESCRIPTION OF WELI LEASE Name	To Formation			GL V-						
Lovelace	1 _				ding Formation s Draw Wolfcamp			Kind of Lease State, Federal on Fee		
Location		iiUiid: Cass			Draw worreamp					
	10001		,	Tank	1/2	0.1		Carrett		
Unit LetterL	<u> 1090'</u>	Fe	et From The	west Lin	s and143	9 Fe	et From The	South	Line	
Section 27 Towns	t:_ 000	ъ	275	27	em e 17.1.1.					
Section 27 Towns	hip 22S	Ra	nge 27E	, N	MPM, Edd	У			County	
II. DESIGNATION OF TRA	NSPOPTED O	FOU	AND NATTI	DAT CAS						
Name of Authorized Transporter of Oil	or C	ondensate			e address to wi	hich approved	come of this f	orm is to he se	ent)	
Permian Corporation	X	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79702								
Name of Authorized Transporter of Cas	Dry Gas X	Address (Give address to which approved copy of this form is to be sent)								
Llano, Inc.	0,	Dif Cas [_X]	1			•••				
If well produces oil or liquids,	I I Init Sec	Unit Sec. Twp. Rge.			P. O. Drawer 1320, Hob Is gas actually connected? When			· · · · · · · · · · · · · · · · · · ·		
ive location of tanks.	L 27		- :	Yes	•		27 - 89			
f this production is commingled with th							21-09			
V. COMPLETION DATA	at Hom any other lea	se or poo	i, give communing	nug order nam	Del				 -	
V. COMPLETION DATA	lo	Well	Gas Well	Mary Wall	Workover	D	l Mus Dask	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	MCII		I MEM MEII	j workover	Deepen	Plug Back	Same Kes v	<u>:</u>	
Date Spudded		adu to Pr	<u> X </u>	Total Depth	I	<u> </u>	1	L	X	
•	· ·	Date Compl. Ready to Prod.						P.B.T.D. 11,665'		
10-3-84 Elevations (DF, RKB, RT, GR, etc.)		Recomp1. 7-29-89 Name of Producing Formation			12,120 ' Top Oil/Gas Pay			Tubing Depth		
· · · · · · · · · · · · · · · · · · ·			1 *			9296				
3115.3' GR	WOLICAM	Wolfcamp			9462'		Depth Casing Shoe			
	>						Depail Casi.	ig diloc		
9462-10,010' (47 hol		NG C	A SINIC A NID	CEMENT	NG PECOP	<u> </u>	1			
HOLE CITE		TUBING, CASING AND			<u> </u>			SACKS CEMENT		
HOLE SIZE 17 1/2"		CASING & TUBING SIZE		DEPTH SET 520'		625 sx C1 C				
12 1/4"		9 5/8"				2300 sx Howco lite &				
8 1/2"		5 1/2"			5,547'		1160 sx C1 C			
8 1/2		2 3/8"			12,120'			1160 SX CI C		
. TEST DATA AND REQU			1 6		9,296'					
-	er recovery of total vi			t he equal to o	r arceed top all	loughle for th	ia danth ar ha	for full 24 hou	ere i	
Date First New Oil Run To Tank	Date of Test	otume oj i	odd ou and mis		lethod (Flow, p			jor juli 24 noi		
Date First New Oil Rull 10 12th	Date of Test			r routeing iv	iediod (1°10%, p	anip, gus iyi,	61L./			
Least of Ton	Tubina Dunanna		 	Casing Press	1170	·	Choke Size			
Length of Test	Tubing Pressure	•		Casing Picosuic						
Actual Prod. During Test	Oil Phie	Oil - Bbls.			Water - Bbls.		Gas- MCF			
Actual Front During Foot	Oil - Bois.									
				.,1						
GAS WELL				Inc. 6	(A (A (A (A (A (A (A (A (I Comment	C		
Actual Prod. Test - MCF/D	1 -	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
541		24 Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			55 Choke Size			
esting Method (pitot, back pr.)	-	_ ·		Casing Pressure (Snut-in)		12/64"				
Flowing	2450	υ					12/6	04"		
VI. OPERATOR CERTIF	ICATE OF CO	OMPL	IANCE	11			/ATIOS!	DIVIO	ON!	
I hereby certify that the rules and re					OIL COI	NOFH A	AHON	ואואוט	UN .	
Division have been complied with a			above							
is true and complete to the best of r	ny knowledge and be	enci.		Dat	e Approve	ed				
A MA MA										
JUSTY (Club	Yoush			By			WHI	WELL FILE COPY		
Signature (/	by-	By WELL FILE COPY DO NOT REMOVE								
Terry McCullough	, Sr. Produc									
Printed Name	915/68	_	itle 1	Title)	· · · · · · · · · · · · · · · · · · ·				
8-10-89 Date	913/08		one No.							
		a cichii	· ···	- 11						

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.