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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
FEB 21 1991
O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Santa Fe Energy Operating Partners, L.P.		Well API No. 30-015-26397
Address 550 W. Texas, Suite 1330, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input 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 _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Muskegon 20 State Com	Well No. 1	Pool Name, including Formation South Empire - South Morrow	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. B-6846
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 20 Township 17S Range 29E , NMPM , Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texaco Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196, Midland, TX 79711	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Pinnacle Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 11248, Midland, TX 79702	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 20
	Twp. 17S	Rge. 29E
Is gas actually connected? Yes		When? 2-14-91

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 8-28-90	Date Compl. Ready to Prod. 12-29-90		Total Depth corrected 10,957'		P.D.T.D. 10,915'			
Elevations (DF, RKB, RT, GR, etc.) 3605' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,581'		Tubing Depth 10,467'			
Performances 10,581'-10,764' (20 holes)					Depth Casing Shoe 10,957'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8"		445'		1055 sx (circ)			
12-1/4"	8-5/8"		2594'		1450 sx (circ)			
7-7/8"	5-1/2"		corrected 10,957'		700 sx			
	2-3/8"		EOTP 10,467'		Post ID-2 3-15-91			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tank		Date of Test	Producing Method (Flow, pump, gas lft, 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 471	Length of Test 11 hrs	Bbls. Condensate/MMCF 20	Gravity of Condensate 55.3
Testing Method (pilot, back pr.) Back press	Tubing Pressure (Shut-in) 2810	Casing Pressure (Shut-in) pk	Choke Size variable

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.

Terry McCullough
Signature
Terry McCullough, Sr. Production Clerk
Printed Name
Feb. 20, 1991 **915/687-3551**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 28 1991**
By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
Title **SUPERVISOR, DISTRICT II**

- 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.