STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

| | | |
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| LAND OFFICE | | |
| TRANSPORTER OIL | ✓ | |
| TRANSPORTER GAS | | |
| OPERATOR | ✓ | |
| PRORATION OFFICE | | |

RECEIVED BY
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O. C. D.
ARTESIA, OFFICE

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

I.

Operator
Santa Fe Energy Company ✓

Address
500 W. Illinois, Suite 500, Midland, TX 79701

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-24-86 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

If change of ownership give name and address of previous owner _____

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Lusk 20 Federal | 1 | N. Hackberry — Y - SR | State (Federal) or Fee | NM-63362 |

Location
Unit Letter H ; 1980 Feet From The N Line and 660 Feet From The East

Line of Section 20 Township 19S Range 31E , NMPM, Eddy County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Permian
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 Casinghead Gas [ ] or Dry Gas [ ]
None
Address (Give address to which approved copy of this form is to be sent)

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | H | 20 | 19S | 31E | | |

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. |
|---|---|---|---|---|---|---|---|---|
| | X | | X | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 12-27-85 | 4-4-86 | 2300' | 2295' |
| **Elevations (DF, RKB, RT, GR, etc.)** | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 3462' GR | Yates | 2172' | 2165' |
| **Perforations** | | | **Depth Casing Shoe** |
| 2172-178'; 2182-189'; 2191-195' | | | 2300' |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12 1/4 | 8 5/8 | 505 | 450 SX |
| 7 7/8 | 4 1/2 | 2300 | 1100 SX |
| | | | |
| | 2 3/8 | 2165 | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

Post ED-2
4-25-86
Comp + BK

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | Choke Size |
|---|---|---|---|
| 4-4-86 | 4-11-86 | Pump | 1 1/4 (X) |
| **Length of Test** | **Tubing Pressure** | **Casing Pressure** | **Water - Bbls.** |
| 24 hr | 0 | 0 | 11 |
| **Actual Prod. During Test** | **Oil - Bbls.** | | **Gas - MCF** |
| | 38 | | TSTM |

GAS WELL

| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |
| **Testing Method (pitot, back pr.)** | **Tubing Pressure (Shut-in)** | **Casing Pressure (Shut-in)** | **Choke Size** |
| | | | |

## VI. 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.

Billie Hood
(Signature)

Sr. Production Clerk
(Title)

4-21-86
(Date)

## OIL CONSERVATION DIVISION

APPROVED APR 23 1986, 19____

BY Original Signed By
Les A. Clements

TITLE ~~Supervisor District II~~

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply