

RECEIVED BY
MAR - 6 1987
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF EXPIRING OPERATIONS
EXPIRATION DATE
SANTA FE
FILE
O.C.D.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

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

I. OPERATOR
Santa Fe Energy Operating Partners, L.P.
Address
500 W. Illinois, Suite 500, Midland, TX 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Testing Allowable
March - 1000 bbls
Delaware per
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Parkway 36 State
Well No.
1
Pool Name, including Formation
Wildcat Delaware
Kind of Lease
State, Federal or Fee State
Lease No.
V-1576
V-1776
Location
Unit Letter F : 1980 Feet From The West Line and 1980 Feet From The North
Line of Section 36 Township 19S Range 29E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation
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 ☐
N/A
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 F Sec. 36 Twp. 19S Rge. 29E
Is gas actually connected? When

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil well Gas well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
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 oil able for this depth or be for full 24 hours)
Date First New Oil Run To Tanks 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 Length of Test Bbls. Condensate/MCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (shot-in) Casing Pressure (shot-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
Sr. Production Clerk
3-3-87
OIL CONSERVATION DIVISION
APPROVED MAR 13 1987
BY Original Signed By Les A. Clements
TITLE Supervisor District II
This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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MAR 5 1987
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MOB'S OFFICE