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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED
MAR 26 '90
O. C. D.
ARTESIA, OFFICE

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

C1SF GT+ Dp

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Santa Fe Energy Operating Partners, L.P.

Address: 500 W. Illinois, Suite 500, Midland, Texas 79701

Well API No.:

Reason(s) for Filing (Check proper box)
- New Well [ ]
- Recompletion [ ]
- Change in Operator [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [XX] Condensate [ ]
- Other (Please explain)

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Parkway 36 State	1	Parkway-Delaware	State	V-1576 V-1776

Location
Unit Letter F : 1980 Feet From The West Line and 1980 Feet From The North Line
Section 36 Township 19S Range 29E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil [ ] or Condensate [ ]: PER
Address (Give address to which approved copy of this form is to be sent):

Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]: Delaware Natural Gas Co., Inc.
Address (Give address to which approved copy of this form is to be sent): 9111 Jellyville Rd. #215, Austin, Texas 78759

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	F	36	19S	29E	Yes	3-21-90

If 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

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

Post ID-3
3-30-90
Add GT: DHG

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.)

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	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. 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.

Signature: McCullough
Name: McCullough, Sr. Production Clerk
Title
Date: 3, 1990
Telephone No.: 915/687-3551

OIL CONSERVATION DIVISION

Date Approved: MAR 2 8 1990
By: ORIGINAL SIGNED BY MIKE WILLIAMS
Title: SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
For allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.