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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

MAR 09 '89

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Santa Fe Energy Operating Partners, L.P.	Well API No. 30-015-26012
Address 500 W. Illinois, Suite 500, Midland, TX 79701	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 Long Knife 35 Federal	Well No. 1	Pool Name, Including Formation Wildcat Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-67102
Location Unit Letter P : 660 Feet From The South Line and 810 Feet From The East Line Section 35 Township 19S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Co.	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Delaware Nat. Gas Co., Inc.	Address (Give address to which approved copy of this form is to be sent) 9111 Jollyville Rd. #215 Austin, Tx 78759					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 35	Twp. 19S	Rge. 29E	Is gas actually connected? Yes	When? 3-30-89

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-13-88	Date Compl. Ready to Prod. 2-15-89		Total Depth 6002		P.B.T.D. 5845			
Elevations (DF, RKB, RT, GR, etc.) 3327' KB	Name of Producing Formation Cherry Canyon Osage Sd		Top Oil/Gas Pay 4222		Tubing Depth 4258			
Perforations 4222 - 4246					Depth Casing Shoe 6002			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	10 3/4		370		760 sx + 6 yds			
9 7/8	7		3200		2250 sx Post FD-2			
6 1/4	4 1/2		6002		450 sx 4-21-89			
	2 3/8		4258		comp & RT			

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 2-15-89	Date of Test 2-19-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 250	Casing Pressure 45	Choke Size
Actual Prod. During Test 78	Oil - Bbls. 78	Water - Bbls. 110	Gas- MCF 248

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
Billie Hood, Sr. Production Clerk
Printed Name
3-8-89
Date
915 687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 18 1989
By Original Signed By
Mike Williams
Title

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.