				_				
Santa Sa		State of Ne			RECEIN	/ED	Form C-1	
Submit 5 Copies Appropriate District Office	Oil nergy, M	inerals and Natu	ral Resource	s Departme	nt		Revised 1 See Instri	uctions
P.O. Box 1980, Hobbs, 1M a88240 Operator	Gas MOIL C	ONSERVA'	TION D	IVISIO	N MAV 1	289	at Bottom	of Page
DISTRICT II P.O. Drawer DD, Antesia, NM 88210	 :	P.O. Bo nta Fe, New Me	x 2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	•			., O. C. . Wêta naz			
I	TO TRA	NSPORT,OIL	AND NAT	URAL GA	S.			
Operator	Well AP							
Santa Fe Energy Operat	192		30-0	15-2607	0	<u> </u>		
500 W. Illinois, Suite	500, Midland	1, TX 7970	1 Other	(Please expla	in l			<u></u>
Reason(s) for Filing (Check proper box) New Well	Change in	Transporter of:	Oute	(I lease explu	,			
Recompletion	Oil Dry Gas							
Change in Operator	Casinghead Gas X	Condensate			·			
If change of operator give name and address of previous operator		<u> </u>						
II. DESCRIPTION OF WELL	AND LEASE	Pool Name, Including	a Formation		Kind o	f Lease	ie.	ase No.
Lease Name Parkway 36 State	Well No.				Federal or Fee V-1576			
Location		l						
Unit Letter L	: 1980	Feet From The _S	outh Line	and 330	Fe	et From The	West	Line
Section 36 Townshi	ip 19S	Range 29E	, NN	ирм, Edd	ly			County
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)							
Texaco Trading & Trans Name of Authorized Transporter of Casin	P. O. Box 6196, Midland, TX 79711 Address (Give address to which approved copy of this form is to be sent)							
Delaware National Gas	9111 Jellyville Rd. #215, Austin, TX 78759							
If well produces oil or liquids,	Unit Sec.		Is gas actually connected? When ?			? 6–89		
give location of tanks. If this production is commingled with that	L 36	19S 29E	Yes	er: N	/A	0-03		
IV. COMPLETION DATA	from any other lease of	poor, give commung.	ing older name					
D. i T of Completion	Oil Well	Gas Well	•	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion Date Spudded	Date Compl. Ready to	o Prod.	X Total Depth		<u> </u>	P.B.T.D.	L	<u> </u>
3-10-89	5-3-89		5000'			4903 [†]		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth 4265		
3333.7 GR Perforations	Delaware	4229'			Depth Casing Shoe			
4229-37' & 4242-54'	(41 holes)					49801		
4229-37 & 4242 34	TUBING.	CASING AND	CEMENTI					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT 795 1		
17 1/2" 9 1/2"	11 3/4"		3200'				835'	
6 1/4"	4 1/2"		4980'			1	700 ¹	
		3) /		1265		1		
V. TEST DATA AND REQUE OIL WELL (Test must be after	SI FOR ALLOW recovery of total volume	ADLE of load oil and musi	s be equal so or	exceed top all	lowable for thi	s depth or be	for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, p	ump, gas lift,	etc.)		
4-22-89	5-10-89		Pumping Casing Pressure			Choke Size		
Length of Test	Tubing Pressure		O O					
24 hrs. Actual Prod. During Test	100 Oil - Bbls.		Water - Bbls.			Gas- MCF		
	96		153			73		
GAS WELL				20 CF		Gravity of	Condensate	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Grand or Goldsen		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
			١					
VI. OPERATOR CERTIFIC			(OIL CO	NSERV			NC
I hereby certify that the rules and regu Division have been complied with and	d that the information gi	rvation ven above				MAY 3	0 1989	
is true and complete to the best of my	/ knowledge and belief.	^	Date	Approve	ed	-		
Serry Me C	Mouse) •		_)DIOINIAT	CIONES	DV.	
Signature	-	011-	∥ By_	V	ORIGINAL AIKE WILL	13.749		
Terry McCullough, S. Printed Name		Tille	Title	c,	UPERVIS	OR, DIST	RICT IT	
5-18-89		87-3551						
Date	Te	lephone No.	- 11					

Date

- 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.