

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies
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

OCT 12 '89

Form C-105 Blm
Revised 1-1-89 5th Ed Blm

WELL API NO. 30-015-26075
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-1576

7. Lease Name or Unit Agreement Name Parkway 36 State
8. Well No. 4
9. Pool name or Wildcat Parkway Delaware

WELL COMPLETION OR RECOMPLETION REPORT AND LOG D.	
1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____	ARTESIA, OFFICE
b. Type of Completion: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RESVR <input type="checkbox"/> OTHER _____	

2. Name of Operator Santa Fe Energy Operating Partners, L.P. ✓

3. Address of Operator 500 W. Illinois, Suite 500, Midland, TX 79701

4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>19S</u> Range <u>29E</u> NMPM Eddy County
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10. Date Spudded 7-26-89	11. Date T.D. Reached 8-8-89	12. Date Compl. (Ready to Prod.) 9-22-89	13. Elevations (DF & RKB, RT, GR, etc.) 3331' GR	14. Elev. Casinghead
15. Total Depth 5000'	16. Plug Back T.D. 4803'	17. If Multiple Compl. How Many Zones?	18. Intervals Drilled By Rotary Tools All	Cable Tools

19. Producing Interval(s), of this completion - Top, Bottom, Name 4266-4326' Delaware	20. Was Directional Survey Made No
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21. Type Electric and Other Logs Run CNL/LDT; DLL/MSFL	22. Was Well Cored No
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23. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
11 3/4"	47.0#	366'	14 3/4"	260 sx C + 15 yds Red-Mix	None
7"	20.0#	3187'	9 7/8"	900 sx lite, 540 C, 1'	3712 sx None
4 1/2"	10.5#	5000'	6"	300 sx lite + 280 sx C	None

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None					2 3/8"	4362'	TA @ 4210'

26. Perforation record (interval, size, and number) 4266-4326', 14 holes	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	4266-4326'	2000 gal 7 1/2% NEFE HCl and 21 ball sealers. Frac w/47,020 gal x-linked 2% KCl Borate Fluid & 108,980# 12/20 Brady

28. PRODUCTION Sand.							
Date First Production 9-22-89		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping 1 3/4" pump				Well Status (Prod. or Shut-in) Producing	
Date of Test 9-27-89	Hours Tested 24	Choke Size --	Prod'n For Test Period	Oil - Bbl. 57	Gas - MCF 23	Water - Bbl. 198	Gas - Oil Ratio 404
Flow Tubing Press. --	Casing Pressure 20	Calculated 24-Hour Rate	Oil - Bbl. 57	Gas - MCF 23	Water - Bbl. 198	Oil Gravity - API - (Corr.) 33 deg	

29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold	Test Witnessed By
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30. List Attachments C-104, logs, inclination survey

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief			
Signature <u>Terry McCullough</u>	Printed Name <u>Terry McCullough</u>	Title <u>Sr. Prod. Clerk</u>	Date <u>10-11-89</u>

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

T. Anhy _____
 T. Salt _____
 B. Salt 1232'
 T. Yates 1531'
 T. 7 Rivers 1660'
 T. Queen _____
 T. Grayburg _____
 T. San Andres _____
 T. Glorieta _____
 T. Paddock _____
 T. Blinebry _____
 T. Tubb _____
 T. Drinkard _____
 T. Abo _____
 T. Wolfcamp _____
 T. Penn _____
 T. Cisco (Bough C) _____

T. Canyon _____
 T. Strawn _____
 T. Atoka _____
 T. Miss _____
 T. Devonian _____
 T. Silurian _____
 T. Montoya _____
 T. Simpson _____
 T. McKee _____
 T. Ellenburger _____
 T. Gr. Wash _____
 T. Delaware Sand 3662'
 T. Bone Springs _____
 T. Renegade 4046'
 X B. 3 Amigos 4718'
 T. _____
 T. _____

Northwestern New Mexico

T. Ojo Alamo _____
 T. Kirtland-Fruitland _____
 T. Pictured Cliffs _____
 T. Cliff House _____
 T. Menefee _____
 T. Point Lookout _____
 T. Mancos _____
 T. Gallup _____
 Base Greenhorn _____
 T. Dakota _____
 T. Morrison _____
 T. Todilto _____
 T. Entrada _____
 T. Wingate _____
 T. Chinle _____
 T. Permian _____
 T. Penn "A" _____

T. Penn. "B" _____
 T. Penn. "C" _____
 T. Penn. "D" _____
 T. Leadville _____
 T. Madison _____
 T. Elbert _____
 T. McCracken _____
 T. Ignacio Otzte _____
 T. Granite _____
 T. _____
 T. _____
 T. _____
 T. _____
 T. _____
 T. _____
 T. _____
 T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from _____ to _____
 No. 2, from _____ to _____
 No. 3, from _____ to _____
 No. 4, from _____ to _____

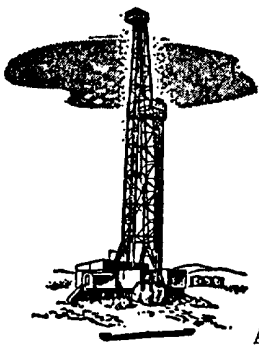
IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet
 No. 2, from _____ to _____ feet
 No. 3, from _____ to _____ feet

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
Surf.	400	400	Red Beds/Anhy				
400	1215	815	Salt/Red Beds/Anhy				
1215	1531	316	Anhy/Sh/Dolo/Sd				
1531	1640	109	Sd/Anhy/Dolo				
1640	3662	2022	Dolo/Sd				
3662	5000	1338	Sd w/some Dolo				
	TD						



Telephone (505) 748-2205

L & M DRILLING, INC. — Oil Well Drilling Contractors

P. O. BOX 672 / ARTESIA, NEW MEXICO 88210
470

RECEIVED

August 14, 1989

OCT 12 '89

O. C. D.
ARTESIA, OFFICE

Santa Fe Energy Operating Partners, LP
500 W. Illinois, Suite 500
Midland, TX 79701

Re: Parkway State 36 No. 4
1980' FSL & 1650' FWL
Sec. 36, T19S, R29E
Eddy County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
368'	1/2°
864'	1/2°
1269'	2°
1610'	1 1/4°
1700'	3/4°
2237'	1°
2890'	1°
3200'	1°
3686'	1 1/4°
4182'	1/2°
4658'	1/2°
5000'	3/4°

Very truly yours,

B. N. Muncy Jr.
President

STATE OF NEW MEXICO §
COUNTY OF EDDY §

The foregoing was acknowledged before me this 14th day of August, 1989.

NOTARY PUBLIC

OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE II

July thru December 1989

NO. 2081 T

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE October 6, 1989

PURPOSE ALLOWABLE ASSIGNMENT - TESTING

Effective October 1, 1989 a testing allowable of 325 barrels of oil is hereby assigned to Santa Fe Energy Co. Partners L.P., Parkway 36 State #4-K-36-19-29 in the Parkway Delaware Pool, for the month of October 1989.

MW/nm

Santa Fe Energy

TTP

OIL CONSERVATION DIVISION


DISTRICT SUPERVISOR

OIL CONSERVATION DIVISION

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

RECEIVED

OCT -5 '89

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA OFFICE

Operator Santa Fe Energy Operating Partners, L.P.	Well API No. 30-015-26075
Address 500 W. Illinois, Suite 500, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Request to move 325 BBL of Test Oil 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 Parkway 36 State	Well No. 4	Pool Name, Including Formation Parkway Delaware	Kind of Lease State, Federal or Fee	Lease No. V-1576
Location Unit Letter K : 1980 Feet From The South Line and 1650 Feet From The West Line Section 36 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 and Transportation Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196, Midland, Texas 79711					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 K	Sec. 36	Tw. 19S	Rge. 29E	Is gas actually connected? No	When ?

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
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 4266'-4326' Delaware (14 holes)					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 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 (pilot, 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
Terry McCullough, Sr. Production Clerk

Printed Name
Oct. 4, 1989 915/687-3551

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 6 1989

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.