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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

DEC 13 '89

I.

Operator Santa Fe Energy Operating Partners, L.P.	Well API No. 30-015-26078
Address 500 W. Illinois, Suite 500, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) 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 Parkway 36 State	Well No. 7	Pool Name, including Formation Parkway Delaware	Kind of Lease State, Federal or Fee	Lease No. V-1576
Location Unit Letter D : 660 Feet From The North Line and 330 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 Texaco Trading & 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	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 Sec. Twp. Rge. Is gas actually connected? 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
	X		X					
Date Spudded 9-14-89	Date Compl. Ready to Prod. 12-1-89	Total Depth 4850'		P.B.T.D. 4694'				
Elevations (DF, RKB, RT, GR, etc.) 3339.4' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 4316'		Tubing Depth 4405'				
Perforations 4316'-4390' (1 JSPF) 19 holes				Depth Casing Shoe 4850'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
14-3/4"	11-3/4"	370'		500 sx "C"				
9-7/8"	7"	3200'		540 sx C + 2177 sx (1" jobs				
6-1/8"	4-1/2"	4850'		323 sx 35/65 + 200 sx "C"				
	2-3/8"	4405'						

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 12-1-89	Date of Test 12-6-89	Producing Method (Flow, pump, gas lift, etc.) Pumping 1-3/4" Tubing Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure 30	Choke Size -
Actual Prod. During Test	Oil - Bbls. 68	Water - Bbls. 202	Gas- MCF 35

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
12-12-89
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 29 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.