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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

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

JAN 24 '90

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Santa Fe Energy Operating Partners, L.P. ✓	Well API No. 30-015-26209
Address 500 W. Illinois, Suite 500, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	
CASINGHEAD GAS MUST NOT BE FLARED AFTER 3/7/90 UNLESS AN EXCEPTION TO: REGULATIONS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parkway 36 State	Well No. 9	Pool Name, including Formation Under. Parkway Delaware	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. V-1576
Location Unit Letter I : 1980 Feet From The South Line and 330 Feet From The East 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 Permian Corporation <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79702					
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 F	Sec. 36	Twp. 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-16-89	Date Compl. Ready to Prod. 12-31-89		Total Depth 4660'		P.B.T.D. 4120'			
Elevations (DF, RKB, RT, GR, etc.) 3326.6' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 3747'		Tubing Depth 3856'			
Perforations 3747'-3815' (44 holes)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 20"	CASING & TUBING SIZE 16"		DEPTH SET 370'		SACKS CEMENT 450 sx C Neat			
14-3/4"	10-3/4"		1332'		630 sx 35/65 poz + 250			
9-7/8"	7"		3210'		320 sx 35/65 poz + 350			
6"	4-1/2"		4660'		380 sx "C"			

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-3/8" tbg at 3856'

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 12-31-89	Date of Test 1-13-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure 20	Choke Size --
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 86	Gas - MCF 30

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
Jan. 19, 1990
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 31 1990

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.