

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address Santa Fe Energy Resources, Inc. 550 W. Texas, Suite 1330 Midland, TX 79701		2 OGRID Number 020305
		3 Reason for Filing Code CG (effective 11/1/95)
4 API Number 30-015-20807	5 Pool Name Rock Tank Upper Morrow (Gas)	6 Pool Code 84040
7 Property Code 010007	8 Property Name Smith Federal Com	9 Well Number 2

II. ¹⁰Surface Location

UL or lot no. P	Section 11	Township 23S	Range 24E	Lot. Idn	Feet from the 660	North/South Line South	Feet from the 330	East/West line East	County Eddy
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¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date			¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date

III. Oil and Gas Transporters

[illegible]

IV. Produced Water

23 POD	24 POD ULSTR Location and Description	OIL CON. DIV. DIST. 2
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V. Well Completion Data

Completion Data				
25 Spud Date	26 Ready Date	27 TD	28 PBD	29 Perforations
30 Hole Sie	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

46 I hereby certify that the rules 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:

Printed name: _____

Terry McCullough

Title:

Sr. Production Clerk

Date: 12/5/95

Phone: 915/687-3551

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Title:

Approval Date: _____

DEC 12 1995

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name _____

Title

Date _____