

OIL CONSERVATION DIVISION

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RECEIVED BY  
SANTA FE, NEW MEXICO 87501  
MAR 10 1986  
O. C. D.  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
Santa Fe Energy Company  
Address  
500 W. Illinois, Suite 500, Midland, TX 79707  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐  
Other (Please explain)  
45 bbls oil accumulation in water tank for life of zone. In process of recompleting to another zone.  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Pure Gold "C" Federal  
Well No.  
1  
Pool Name, Including Formation  
Sand Dunes Morrow, West  
Kind of Lease  
State, Federal or Fee  
Lease No.  
NM-45235  
Location  
Unit Letter  
N  
660 Feet From The  
S  
Line and  
1980 Feet From The  
West  
Line of Section  
17  
Township  
23S  
Range  
31E  
NMPM  
Eddy  
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
The Permian Corporation  
Address (Give address to which approved copy of this form is to be sent)  
Box 3119, Midland, TX 79701  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
Transwestern Pipeline Co.  
Address (Give address to which approved copy of this form is to be sent)  
Box 2521, Houston, TX 79702  
If well produces oil or liquids, give location of tanks.  
Unit  
N  
Sec.  
17  
Twp.  
23S  
Rge.  
31E  
Is gas actually connected?  
Yes  
When  
6-22-84

If this production is commingled with that from any other lease or pool, give commingling order number:  
V. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well ☐ Gas well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Resv. ☐ Diff. Resv. ☐  
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  
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 Tanks  
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. 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.  
Billie Hood  
Sr. Production Clerk  
March 6, 1986  
OIL CONSERVATION DIVISION  
MAR 12 1986  
APPROVED  
Original Signed By  
L. A. Clements  
Supervisor District II  
This form is to be filed in compliance with RULE 1104  
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.