

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

I. Operator
Santa Fe Energy Company

Address
500 W. Ohio, Midland, TX 79701

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)
Pipeline connection - First Production

If change of ownership give name and address of previous owner
Coquina Oil Corp., P.O. Drawer 2960, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pure Gold "C" Federal	Well No. 1	Pool Name, including Formation Undes. (W. Sand Dunes Morrow)	Kind of Lease Federal	Lease No. NM-452
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>23S</u> Range <u>31E</u> , NMPM, Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2521, Houston, Texas 77002
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>17</u> Twp. <u>23S</u> Rge. <u>31E</u>	Is gas actually connected? <u>Yes</u> When <u>6-22-84</u>

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) <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest. <input type="checkbox"/> Diff. R	Date Spudded 1-31-82	Date Compl. Ready to Prod. 9-28-82	Total Depth 14,850	P.B.T.D. 14,521
Elevations (DF, RNB, RT, GR, etc.) 3327' GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 14,266	Tubing Depth 14,181	Depth Casing Shoe
Perforations 14,266' - 14,361'				
TUBING, CASING, AND CEMENTING RECORD (Liner detail on back)				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
26"	20"	604'	1150 SX	
17 1/2"	13 3/8"	4151'	4300 SX	
12 1/4"	9 5/8"	12,402'	2600 SX	
	2 7/8"	14,181'		

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.)	Post Job - 3 7-13-84
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 2513	Length of Test 24 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (prior, back pr.) Orifice	Tubing Pressure (Shut-in) 5300	Casing Pressure (Shut-in) pkr	Choke Size 10/64"

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 Billie Hood
(Signature)

Sr. Production Clerk
(Title)

OIL CONSERVATION DIVISION
JUL 0 9 1984

APPROVED
BY Leslie H. Clement
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 111.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of a well's transporter or other such change of condition.

Liner Record

Size	Top	Bottom	Sacks Cement
7 5/8"	11,977'	14,247'	400
5"	14,053'	14,849"	160