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Appropriate District Office
DISTRICT I
P.O. Box 1930, 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

OCT 15 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

R. C. D.
ARTESIA, OFFICE

Operator Santa Fe Energy Operating Partners, L.P.		Well API No.
Address 500 W. Illinois, Suite 500, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Walker	Well No. 1	Pool Name, including Formation Wolfcamp	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter I : 1980 Feet From The South Line and 990 Feet From The East Line Section 21 Township 22S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Permian Corporation	<input type="checkbox"/> or Condensate <input checked="" 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 Llano, Inc.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, New Mexico 88240				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 21	Twp. 22S	Rge. 27E	Is gas actually connected? Yes	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		X
Date Spudded 4-7-83	Date Compl. Ready to Prod. Recompleted 9-29-90	Total Depth 11,960'		P.B.T.D. 10,441'				
Elevations (DF, RKB, RT, GR, etc.) 3135.8' KB	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9583'		Tubing Depth 9400'				
Performances 9583'-9873' (46 holes)			Depth Casing Shoe 11,960'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"	590'		600 sx				
12-1/4"	9-5/8"	5354'		2300 sx + 1250 sx				
8-3/4"	5-1/2"	11,960'		1400 sx				
	2-3/8"	9400'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post ID 2	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 10-36-80
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF Post ID 2

GAS WELL

Actual Prod. Test - MCF/D CAOF 1325	Length of Test 4 hrs	Bbls. Condensate/MNCF 4.5	Gravity of Condensate 59.5
Testing Method (puol, back pr.) Back press	Tubing Pressure (Shut-in) 2560	Casing Pressure (Shut-in) pkr	Choke Size variable

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
10-11-90
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 23 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 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.