## OIL CONSERVATION DIVISION
### P. O. BOX 2088
### SANTA FE, NEW MEXICO 87501

**RECEIVED BY**

**JUN 25 1986**

**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.**

Address

**500 W. ILLINOIS , SUITE 500 , MIDLAND, TEXAS 79701**

Reason(s) for filing (Check proper box)

| | | | | Other (Please explain) |
|---|---|---|---|---|
| New Well ☐ | Change in Transporter of: | | | |
| Recompletion ☐ | Oil ☐ | Dry Gas ☐ | | |
| Change in Ownership ☒ | Casinghead Gas ☐ | Condensate ☐ | | |

If change of ownership give name and address of previous owner **SANTA FE ENERGY COMPANY  500 W. ILLINOIS, SUITE 500, MIDLAND, TEXAS 79701**

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Neeley | 1 | S. Carlsbad Strawn | State, Federal or Fee  State | |

Location

Unit Letter **A** ; **990** Feet From The **North** Line and **990** Feet From The **East**

Line of Section **28** Township **22S** Range **27E** , NMPM, **Eddy** County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

**SCURLOCK PERMIAN CORP EFF 9-1-91**

| Name of Authorized Transporter of Oil ☐ or Condensate ☒ | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Permian Corporation | P. O. Box 3119, Midland, TX 79702 |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ | Address (Give address to which approved copy of this form is to be sent) |
| Llano, Inc. | P. O. Box 1320, Hobbs, NM 88241 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | | | | | Yes | 4-31-81 |

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' |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 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

(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)

### OIL WELL

| 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 (pitot, 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 Wood*

(Signature)

SR. PRODUCTION CLERK

(Title)

JUNE, 20, 1986

(Date)

### OIL CONSERVATION DIVISION

SEP 9 1986

APPROVED _____, 19____

Original Signed By

BY _____
L. A. Clements

TITLE _____
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 deepened well, this form must be accompanied by a tabulation of the deviation 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 ownership, well name or number, or transporter, or other such conditions.