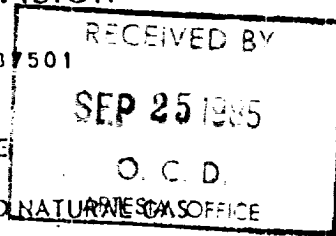


OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
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LAND OFFICE	
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PRODUCTION OFFICE	

Operator
SANTA FE ENERGY COMPANY

Address
500 W ILLINOIS MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	Dry Gas ☐
Casinghead Gas ☐	Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Foot Name, Including Formation	Kind of Lease	Lease
Burkham Fed Com		Malaga (Atoka)	State, Federal or Fee	Fee
Location				
Unit Letter	M	660 Feet From The	South Line and	990 Feet From The
Line of Section	12	Township	24S	Range 28E, NMPM, Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
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	P. O. Drawer 1320, Hobbs, NM 88241					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	8-28-85

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 Hestv. Diff. F
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
9-24-84	1-6-85	12,900'	12,465'				
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
KB 2997.37	Atoka	11,915'	11,859'				
Perforations	Depth Casing Shoe						
11,915-11,919'	12,900'						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
26"	20"	436	900				
17 1/2"	13 3/8"	2600	2000				
12 1/4"	9 5/8"	9960	1300				
8 1/2"	5 1/2"	9648-12901					

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 able 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/MCF	Gravity of Condensate
1082	24 hr	0	
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
Orifice	825	packer	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
Sr. Production Clerk
9-23-85

OIL CONSERVATION DIVISION

APPROVED SEP 30 1985
Original Signed By
Les A. Clements
Supervisor District II

This form is to be filed in compliance with RULE 1102.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt 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 name or number, or transporter, or other such change of record.
Separate Form C-104 must be filed for each pool in mu