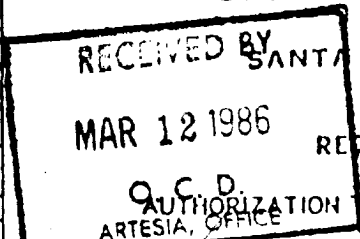


OIL CONSERVATION DIVISION

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OPERATOR	
PRODUCTION OFFICE	



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

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 79701
Reason(s) for filing (Check proper box)
New Well ☐ ADD
Recompletion ☐ Change in Transporter of:
Change in Ownership ☐ Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lovellace	Well No. 1	Pool Name, including Formation S. Carlsbad Morrow	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter L : 1090 Feet From The West Line and 1439 Feet From The South Line of Section 27 Township 22S Range 27E, NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 1320, Hobbs, NM 88241					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27	Twp. 22S	Rge. 27E	Is gas actually connected? Yes	When 4-3-85

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 Res't.	Diff. Res't.
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
			Post ID-3
			3-21-86
			Add LT: PER

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 2482	Length of Test 1 hr	Bbls. Condensate/MMCF 2.6	Gravity of Condensate 53.2
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 3912	Casing Pressure (shut-in)	Choke Size 18/64"

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
(Signature)
Sr. Production Clerk
(Title)
3-10-86
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 21 1986
Original Signed By
Les A. Clements
Supervisor District 11

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 deviated 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 Form C-104 must be filed for each pool in multiple