

OIL CONSERVATION DIVISION

NO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

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SANTA FE, NEW MEXICO 87501

MAR 12 1986

O. C. D.

REQUEST FOR ALLOWABLE  
AND

ARTESIAN AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Santa Fe Energy Company	
Address 500 W. Illinois, Suite 500, Midland, TX 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

III. DESCRIPTION OF WELL AND LEASE

Lease Name Skeen	Well No. 1	Pool Name, including Formation <del>Unders</del> S. Carlsbad Morrow	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>K</u> : <u>1750</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>28</u> Township <u>22S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Llano	P. O. Box 1320, Hobbs, NM 88241	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 28
	Twp. 22S	Rge. 27E
	Is gas actually connected? <u>Yes</u> When <u>3-7-86</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 6-24-85	Date Compl. Ready to Prod. 9-23-85	Total Depth 12,018'	F.B.T.D. 11,765'					
Elevations (DF, RKB, RT, GR, etc.) 3130.0' GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,618'	Tubing Depth 11,538'					
Perforations 11,618-11,694'	Depth Casing Shoe 12,018'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	242	330
12 1/4	10 3/4	2037	1400
9 1/2	7 5/8	9076	800
	5" liner	8693.36-12,108	375

VI. TEST DATA AND REQUEST FOR ALLOWABLE 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
460	1 hr	--	--
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
back pr.	3600	1725	1/8

VII. 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.

OIL CONSERVATION DIVISION

MAR 14 1986

APPROVED

Original Signed By

BY

Les A. Clements

TITLE

Supervisor District II

Billie Hood

Billie Hood

Sr. Production Clerk

3-10-86

This form is to be filed in compliance with RULE 110.  
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 owner, well name or number, or transporter or other such change of condition.  
Separate Forms C-104 must be filled for each pool in multiple completed wells.