

OIL CONSERVATION DIVISION

RECEIVED BY  
JUN 04 1986  
O. C. D.  
ARTESIAN OFFICE

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

REQUEST FOR ALLOWABLE  
AND  
ARTESIAN OFFICE TO TRANSPORT OIL AND NATURAL GAS

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U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PROMOTION OFFICE	

I. Operator  
Santa Fe Energy Company  
Address  
500 W. Illinois, Suite 500, Midland, TX 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Testing Allowable  
1000, for June, 1986  
BLS  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: Skeen  
Well No.: 1  
Pool Name, including Formation: Wolfcamp  
Kind of Lease: State, Federal or Fee Fee  
Lease No.:  
Location  
Unit Letter: K : 1750 Feet From The South Line and 1980 Feet From The West  
Line of Section: 28 Township: 22S Range: 27E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
Permian  
Address (Give address to which approved copy of this form is to be sent)  
Box 3119, Midland, TX 79701  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
Llano  
Address (Give address to which approved copy of this form is to be sent)  
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? Yes When: 3-7-86

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.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RAB, RT, CR, 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 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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pistol, 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 Hood  
Sr. Production Clerk  
June 3, 1986

OIL CONSERVATION DIVISION  
APPROVED JUN 4 1986  
BY Original Signed By  
Les 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 deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 change of condition. Section C must be filled for each pool in multiple completions.