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| LAND OFFICE            |                                     |
| TRANSPORTATION         | <input checked="" type="checkbox"/> |
| OIL                    | <input checked="" type="checkbox"/> |
| NATURAL GAS            | <input checked="" type="checkbox"/> |
| OPERATOR               |                                     |
| PRODUCTION OFFICE      |                                     |

RECEIVED BY CONSERVATION DIVISION  
JUN 19 1986  
O. C. D. REQUEST FOR ALLOWABLE  
ARTESIA 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)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☒ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒  
Other (Please explain)  
If change of ownership give name and address of previous owner Santa Fe Energy Company, 500 W. Illinois, Suite 500, Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

|   |               |  |   |           |
|---|---------------|--|---|-----------|
| Lease Name<br>Skeen   | Well No.<br>1 | Pool Name, Including Formation<br>Wolfcamp | Kind of Lease<br>State, Federal or <u>Fee</u> | Lease No. |
| Location<br>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><br>Line of Section <u>28</u> Township <u>22 S</u> Range <u>27 E</u> , NMPM, <u>Eddy</u> 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"/><br><u>Permian</u>       | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 3119, Midland, Texas 79701   |                   |                    |                    |                                   |                |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br><u>Whano</u> | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1320 Hobbs, New Mexico 88241 |                   |                    |                    |                                   |                |
| If well produces oil or liquids, give location of tanks.   | Unit<br><u>K</u>  | Sec.<br><u>28</u> | Twp.<br><u>22S</u> | Rge.<br><u>27E</u> | Is gas actually connected?<br>Yes | When<br>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't. | Diff. Res't. |
|   |   | <u>XX</u> |                         |          |                         | <u>XX</u> |             | <u>XX</u>    |
| Date Spudded<br>6-24-85                                   | Date Compl. Ready to Prod.<br>9-23-85 Recom 5-23-86 |           | Total Depth<br>12,018   |          | P.B.T.D.<br>11,390      |           |             |              |
| Elevations (D.F., R.A.S., R.T., G.R., etc.)<br>3130.0' GL | Name of Producing Formation<br>Wolfcamp             |           | Top Oil/Gas Pay<br>8981 |          | Tubing Depth<br>8911.53 |           |             |              |
| Perforations<br>8981-9014, 9041-9060                      |   |           |                         |          | Depth Casing Shoe       |           |             |              |

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, 018 | 375          |

V. 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<br>179                    | Length of Test<br>24 hrs.         | Bbls. Condensate/MMCF<br>125      | Gravity of Condensate<br>44.41 |
| Testing Method (pilot, back pr.)<br>back pressure | Tubing Pressure (shot-in)<br>2639 | Casing Pressure (shot-in)<br>3556 | 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  
Billie Hood (Signature)  
Sr. Production Clerk  
6-16-86  
(Date)

OIL CONSERVATION DIVISION

SEP 5 1986

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ Original Signed By  
Les A. Clements

TITLE \_\_\_\_\_ 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 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 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. This form must be filed for each pool in multi-