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**O. C. D.**  
**REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**OIL CONSERVATION DIVISION**  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

SANTA FE ENERGY COMPANY

Address 500 W Illinois Midland, Texas 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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease P.
FERGUSON	1	CARLSBAD STRAWN	State, Federal or Fee	Fee
Location				
Unit Letter	J	1550 Feet From The	S	Line and 1980 Feet From The
Line of Section	23	Township	22S	Range 27W, 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"/>	Address (Give address to which approved copy of this form is to be sent)	
PERMIAN CORPORATION	P. O. BOX 3119 Midland, Texas 79702	
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, NE 88241	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	23
	Twp.	Rge.
	22A	27W
Is gas actually connected?	When	
YES	12-11-85	

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 Restv. Oil Well
		XX	XX				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
6-18-85	8-23-85	12,180	12,146				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
3091.8 G1	STRAWN	10,481	10,411				
Perforations	10,481 - 10,595		Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	225	300
12 1/4	10 3/4	2100	1510
9 1/2	7 5/8	9224	860
	2 3/8	10,411	

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 oil 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/MMCF	Gravity of Condensate
1418	1 hr	1	59.0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Orifice	4300	packer	6/64

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

*Billie Hood*  
(Signature)

SR. PRODUCTION CLERK

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1985, 19

BY *[Signature]*

TITLE *[Signature]*

This form is to be filed in compliance with RULE 111.  
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 completed 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 filed for each pool in multiple.