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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
RECEIVED BY P.O. BOX 7088
SANTA FE, NEW MEXICO 87501
MAY 20 1987
O.C.D. REQUEST FOR ALLOWABLE
AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Santa Fe Energy Operating Partners, L.P.
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)
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Sterling Silver 33 Federal Well No. 1 Pool Name, including Formation W. Santa Fe
State, Federal or Fee Federal Lease No. NM 45236
Location
Unit Letter E : 1980 Feet From The North Line and 810 Feet From The West
Line of Section 33 Township 23S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Llano, Inc. P. O. Box 1320, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
Yes 5-6-87
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'
Date Spudded 7-28-86 Date Compl. Ready to Prod. 1-9-87 Total Depth 15,050' P.B.T.D. 14,730'
Elevations (DF, RKB, RT, GR, etc.) 3381.7 Name of Producing Formation Morrow Top Oil/Gas Pay 14,206-14,228 Tubing Depth 14,127
Perforations 14,206-14,228' Morrow Depth Casing Shoe 15,050'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2 13 3/8 630 670
12 1/4 9 5/8 4183 2400
8 1/2 7 12000 900
4 1/2 Liner 11503 - 15050 740

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 all-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 547 Length of Test 24 hrs Bbls. Condensate/MMCF 0 Gravity of Condensate
Testing Method (prior, back pr.) back pressure Tubing Pressure (shot-in) 6900 Casing Pressure (shot-in) 0 Choke Size 8

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 Wood (Signature)
Sr. Production Clerk (Title)
5-18-87 (Date)
OIL CONSERVATION DIVISION
APPROVED JUN 26 1987
BY Original Signed By Les A. Clements
TITLE Supervisor District II
This form is to be filed in compliance with RULE 1100.
If this is a request for allowable for a newly drilled or deepen 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.