

OIL CONSERVATION DIVISION

NO. OF COPIES RECEIVED	
DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PROMOTION OFFICE	

RECEIVED BY  
MAY 20 1987  
O. C. D.  
ARTESIAN PROSE

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
REQUEST FOR ALLOWABLE  
AND  
TO TRANSPORT OIL AND NATURAL GAS

Operator  
Santa Fe Energy Operating Partners, I.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. 2	Well Name, Including Formation <i>W. Sand Morrow</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM 45236
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>23S</u> Range <u>31E</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 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, 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    5-15-87

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'v.
		X	X					
Date Spudded 12-22-86	Date Compl. Ready to Prod. 4-17-87	Total Depth 15,132	P.B.T.D. 14,963					
Elevations (DF, RKB, RT, GR, etc.) 3390 GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 14,808-14,818	Tubing Depth 14,736					
Perforations 14,808-14,818			Depth Casing Shoe 15,132					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	650	700 SX
12 1/4	9 5/8	4258	2300 SX
8 1/2	7	11975	910 SX
	4 1/2 liner	15132	560 SX

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 782	Length of Test 22 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shot-in) 5720	Casing Pressure (Shot-in) 0	Choke Size 8.5

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*  
(Signature)  
Sr. Production Clerk  
(Title)  
5-18-87  
(Date)

OIL CONSERVATION DIVISION  
MAY 25 1987

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

BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1102.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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 owner, well name or number, or transporter, or other such change of condition.