RECEIVED Submit 5 Copies
Appropriate District Office
DISTRICT I State of New Mexico Form C-104 El. ... gy, Minerals and Natural Resources Department Revised 1-1-89 See Instructions at Bottom of Page P.O. Box 1980, Hobbs, NM 88240 MAY 30 89 IL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210 anta Fe P.O. Box 2088 Santa Fe, New Mexico 87504-2088 O. C. D. DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87419888818 208805
REQUEST FOR ALLOWABLE AND AUTHORIZATION Oit Transporter Gas Operator TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 35966 Santa Fe Energy Operating Partners, L.P. 30-015-2565 Address 500 W. Illinois, Suite 500, Midland, Texas 79701 Reason(s) for Filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: X Recompletion Oil Dry Gas Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease State, Federal or Fee Lease No. NM-59385 н. в. 3 Federal 1 Cedar Canyon (Morrow) Location 1980 South Unit Letter 1980 Feet From The Line and . East Line 24S 29E Section Township Range Eddy , NMPM, 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) Pinnacle Natl Gas P. O. Box 11248, Midland, TX If well produces oil or liquids, give location of tanks. Sec. Twp. Rge. Is gas actually connected? When? Yes 5-25-89 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. 13,718' 13,985' 7-22-87 11-18-87 Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth 3052.2' GR Morrow 13,041' 12,930' Depth Casing Shoe 13,041-13,494' (83 holes) 13,933' TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT 13 3/8" <u>17 1/2</u> 714 750 sx Cl C 1/4 5/8" 3,082' <u>2000 sx Lite</u> 300 sx C 8 1/2 10,385' 800 sx C1 H 1/2" 13,933' $600 \, \mathrm{sx}$ '. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size

OIL WELL

Actual Prod. During Test Water - Bbls Oil - Bbls.

GAS WELL Length of Test Actual Prod. Test - MCF/D Bbis. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size 4739 6091 Back pressure Variable

VI. OPERATOR 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.

Signature Terry McCullough Produc Clerk žon Printed Name Title

5-26-89 3551 915/687-Date Telephone No. OIL CONSERVATION DIVISION

Date Approved JUN 0 1 1/99

Title OIL AND GAS INSPECTOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.