

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

OCT 28 '87

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.
ARTESIA, OFFICE

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

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 ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2/3/88If change of ownership give name
and address of previous ownerUNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Triple S "33 Federal	1	Wildcat Bone Spring	State, Federal or Fee Federal	NM-45236
Location				
Unit Letter	G	1980 Feet From The North Line and	2310 Feet From The East	
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P. O. Box 3119, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	33	23	31	No	

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'
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-13-87	9-26-87	9655'	9510'					
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3391.3	Bone Spring	9270'	9164'					
Perforations			Depth Casing Shoe					
9270-9282			9665'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	650	750 sx Cl C					
11	8 5/8	4150	2050 sx C Lite & 350					
			sx Cl C					
7 7/8	5 1/2	9665	750 sx 50/50 Cl H					

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.)	
9-26-87	10-5-87	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
25 hrs	0	0	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	28	9	100

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

Sr. Production Clerk

(Title)

October 23, 1987

OIL CONSERVATION DIVISION

APPROVED OCT 30 1987

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 100.

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 all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er, well name, or number, or transporter or other such change of condition.