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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

FEB 10 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

J. C. D.
ARTESIA, OFFICE

Operator Santa Fe Energy Operating Partners, L.P. ✓		Well API No. 30-015-25998
Address 500 W. Illinois, Suite 500, Midland, Texas 79701		
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) Well is shut in WOPLC. Requesting permission to move condensate produced while testing. 100 bbls for February.

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chase 11 Federal Com	Well No. 1	Pool Name, Including Formation East Carlsbad Wolfcamp Gas	Kind of Lease State, Federal or Fee	Lease No. NM 64583
Location Unit Letter F : 1730 Feet From The West Line and 1980 Feet From The North Line Section 11 Township 22-S Range 27E, 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"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79702					
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 F	Sec. 11	Twp. 22S	Rge. 27E	Is gas actually connected? No	When ?

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 12-4-88	Date Compl. Ready to Prod. 2-3-89		Total Depth 10,045'		P.B.T.D. 9,825'			
Elevations (DF, RKB, RT, GR, etc.) 3089 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9,670'		Tubing Depth 9,511'			
Perforations 9,670-9,744'					Depth Casing Shoe 10,044'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		518'		550			
12-1/4"	8-5/8"		2,120'		1600			
7-7/8"	5-1/2"		10,044'		350			
	2-3/8" tubing		9,511'					

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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 1087	Length of Test 4 hrs.	Bbls. Condensate/MMCF 1	Gravity of Condensate 64.3
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 2,750	Casing Pressure (Shut-in) 925	Choke Size various

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
Billie Hood Sr. Production Clerk
Printed Name
2-8-89 915-687-3551
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 15 1989

By Original Signed By
Mike Williams

Title

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.
- 2) 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.