

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

FEB 1 '89

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D.
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator Santa Fe Energy Operating Partners, L.P.	Well API No. 30-015-26010
Address 500 W. Illinois, Suite 500, Midland, TX 79701	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE E. Herradura Bend Delaware

Lease Name Northeast Loving 34 Federal	Well No. 2	Pool Name, Including Formation Wildcat - Cherry Canyon Sand	Kind of Lease State, Federal or Fee	Lease No. NM 19842-B
Location Unit Letter <u>H</u> : <u>330</u> Feet From The <u>West</u> Line and <u>1780</u> Feet From The <u>North</u> Line Section <u>34</u> Township <u>22S</u> Range <u>38E</u> , 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"/> The 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 H	Sec. 34	Twp. 22S	Rge. 28E	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-9-88	Date Compl. Ready to Prod. 12-23-88		Total Depth 4084		P.B.T.D. 3876			
Elevations (DF, RKB, RT, GR, etc.) KB @ 3076	Name of Producing Formation Cherry Canyon Sand		Top Oil/Gas Pay 3722		Tubing Depth 3575			
Perforations 3722-3734					Depth Casing Shoe 4097			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2 2 3/8		DEPTH SET 481 4097 4075 3575		SACKS CEMENT 375 sx 1300 sx Part ID-2 3-3-89 camp & BK			

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 12-23-88	Date of Test 12-27-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure 10 psi	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 87	Gas- MCF 45

GAS WELL

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

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.

Billie Hood
Signature
Billie Hood, Sr. Production Clerk
Printed Name
1-17-89
Date
(915) 687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 2 8 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.