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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

MAR 26 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

C. C. D.
ARTESIA, OFFICE

Operator Santa Fe Energy Operating Partners, L.P. /	Well API No. 30-015-26021
Address 500 W. Illinois, Suite 500, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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

Lease Name Pure Gold C-17 Federal	Well No. 2	Pool Name, Including Formation West Sand Dunes Atoka	Kind of Lease State (Federal or Fee)	Lease No. NM 45235
Location Unit Letter G : 1980 Feet From The North Line and 2310 Feet From The East Line Section 17 Township 23-S Range 31-E, NMPM, Eddy 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)					
Transwestern Pipeline Company		P. O. Box 1188, Houston, Texas 77251-1188				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 17	Twp. 23S	Rge. 31E	Is gas actually connected? Yes	When? 3-20-90

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 9-27-89	Date Compl. Ready to Prod. 12-19-89		Total Depth 14,850'		P.B.T.D. 14,620'			
Elevations (DF, RKB, RT, GR, etc.) 3321' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 13,348'		Tubing Depth 13,112'			
Perforations 13,348'-13,374' (21 holes)					Depth Casing Shoe 11,820'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	631'	800 sx C1 C
12-1/4"	9-5/8"	4100'	2500 sx lite + 200 sx "C"
8-1/2"	7"	11,820'	2000 sx 50/50 Poz
6"	4-1/2" liner	11,494'-14,848'	431 sx "H"

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-3/8" tubing at 13,112'

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 1060	Length of Test 4 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 6930 (72 hr)	Casing Pressure (Shut-in)	Choke Size 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, Sr. Production Clerk
Printed Name
March 22, 1990
Date
915/687-3551
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 4 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.