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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
1900 Rio Utraton 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

RECEIVED

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

JAN 16 '91

I. REQUEST FOR TO TRANSFER		AND AUTHORIZATION NATURAL GAS		O. C. D. ADDRESS OFFICE
Operator Santa Fe Energy Operating Partners, L.P.			Well API No. 30-015-26021	
Address 550 W. Texas, Suite 1330, Midland, Texas				
Reason(s) for Filing (Check proper box)				
New Well	<input 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 checked="" type="checkbox"/>
If change of operator give name and address of previous operator				

Ada condensate transporter

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 2210	Feet From The East
Section 17	Township 23S	Range 31E	NMPM,	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					SCURLOCK PERMIAN CORP EFF 9-1-91	
Name of Authorized Transporter of Oil Permian Corporation		<input type="checkbox"/> or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79701		
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Company		<input type="checkbox"/> or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 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

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> C. <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT Per ID-3 2-1-91 Add LT: PER	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and			
Date First New Oil Run To Tank	Date of Test	Time for this depth or be for full 24 hours.)	
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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE		CONSERVATION DIVISION	
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.		JAN 25 1991	
Signature Terry McCullough, Sr. Production		proved	
Printed Name Jan. 15, 1991		ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II	
Date Jan. 15, 1991		Title	
Telephone No. 915/687-3551			

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