

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

**OIL CONSERVATION DIVISION**

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

JAN 23 '90

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

2.  
OFFICE

Operator Santa Fe Energy Operating Partners, L.P. ✓	Well API No. 30-015-26142
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 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**

Lease Name Salt Draw 28 Federal	Well No. 1	Pool Name, Including Formation Und. Atoka	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-36975
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>24S</u> Range <u>28E</u> , <u>NMPM</u> , <u>Eddy</u> 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, Texas 79702					
Name of Authorized Transporter of Casinghead Gas Pinnacle Natural Gas Co. <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 11248, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>28</u>	Twp. <u>24S</u>	Rge. <u>28E</u>	Is gas actually connected? Yes	When? 12-6-89

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 7-19-89	Date Compl. Ready to Prod. 12-5-89		Total Depth 13,450'		P.B.T.D. 12,485'			
Elevations (DF, RKB, RT, GR, etc.) 2986.2' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 11,660'		Tubing Depth 11,493'			
Perforations 11,660'-11,667' (29 holes)					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20" - 106.5#	600'	2405 sx (Thickset and "C")
17½"	13-3/8" - 54.5#	2540'	1328 sx (lite, "C", & Premt-)
12¼"	9-5/8" - 53.5 & 43.5	9800'	525 sx lite & 1050 sx poz
	2-3/8"	11,493'	

**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 669	Length of Test 4 hrs	Bbls. Condensate/MMCF 1	Gravity of Condensate 57°
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 6504	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  
1/19/90  
Date  
915/687-3551  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **FEB 5 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.