Submit 5 Corres
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

at Bottom of Pa

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

DISTRICT III IUW Kio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

JUL 1 9 1991 REQUEST FOR ALLOWARI F AND ALITHORIZATION

	T	O TRAN	<b>ISP</b>	ORT O	IL A	ND NATI	JRAL GAS		. C. D.				
Options								Well	Well API No.				
Santa Fe Energy Operating Partners, L.P.							·—·	30	30-015-26530				
550 W. Texas, Su	ite 133	O. Mid	1an	d Tav		70701				_			
(e1300(1) for Filing (Check proper box)		,	<u> </u>	u, IEA	.45	79701 Other	(Please explain	m)	<del></del>				
lew Well	•	Change in "	Transp	oner of:			(· · · · · · · · · · · · · · · · · · ·	,					
ecompletion	Oil		Dry C		j								
hange in Operator	Casinghead	Gas 🗌	Conde	ensate 🗌									
change of operator give name ad address of previous operator													
·	ANDIEL	CE		+1	9	11	(cn/	<del></del> -	<del> </del>	<del></del>			
I. DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, including						skad	11/m	ow	,				
Sheep Dip 20 Fed Com	Well No.   Pool Name, Including							Federal of Fee	1	Lease No.			
Location						IOW		-	102.1910	NM-69	578		
Unit LetterI	:_ 198	30	Feet	From The	Sou	th Line	and 660	F	eet From The	East	Line		
Section 20 Townshi	p 23S		Rang	ge 26E		, NM	(PM,		Eddy		County		
II. DESIGNATION OF TRAN	SPORTE	D OF O	77 A	NIIN NIAT	m 15								
Name of Authorized Transporter of Oil	OKIE.	or Conden	LL A	ואט מאו	UK	Address (Give		:		<del></del>			
	ل_ا				1	North (Othe	. 00101 533 10 WA	uch approve	d copy of this f	orm is to be se	nt)		
Name of Authorized Transporter of Casin			or D	ry Gas [X	X)	Address (Give	e address to wh	uch approve	d come of this f	00 m in 10 ha as			
	Pinnacle Natural Gas						Address (Give address to which approved P. O. Box 11248, Midla			9702	ni)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.				ge.	is gas actually connected? When							
		20	239	S  26E		Ye.	s	1	7-10	-91			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool,	give comm	ungli	ng order numi	er:						
TV. COMPLETION DATA		lau m			,								
Designate Type of Completion	- (X)	Oil Wel	   	Gas Wel	ı	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Res'v		
Date Spudded	Date Com	pl. Ready L	o Proc			Total Depth	L	<u> </u>	-		_1		
11-23-90	5-18-91				11,840'			P.B.T.D.	11 7441				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay				11,744' Tubing Depth			
3367.7' GR Morrow						11,381'			11,317'				
11,381'-11,494' (51	1 1 \					·			Depth Casing Shoe				
11,301 -11,494 (31									9275'				
HOLE SIZE		CASING & TUBING SIZE				CEMENTING RECORD							
17-1/2"	13-3	13-3/8"				DEPTH SET			SACKS CEMENT				
12-1/4"		9-5/8"				617' 2660'			800 sx "C"				
8-1/2"	7"					9275'			1160 sx lite + 300 sx 900 sx Cl H POZ				
6-1/8"	4-1/2" liner				8865 - 11,836'				450 sx C1 H POZ				
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABI	LE 2.	-3/	8" tubir	20 0 11	3171					
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of	iotal volum	e of la	oad oil and	musi	be equal to o	r exceed top al	lowable for	this depth or be	for full 24 ho	மு (		
Louis First New Oil Run 10 12mg	Date of T	ca				Producing M	iethod (Flow, p	ownp, gas ly	(i, eic.)				
Length of Test	Tubine P	respire				Casing Des		<del></del> -	10	_			
		Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	ial Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF				
						1							
GAS WELL										<del></del>			
Actual Prod. Test - MCF/D	Length o	Test		<del></del>		Bbls. Coade	:DEWMINICF		Gravity of	Condensue	<del></del>		
305	4 hrs				0			0					
Testing Method (puot, back pr.)	Tubing F	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
back pressure	3560				pkr.				var.				
VI. OPERATOR CERTIFI  I hereby certify that the rules and rep  Division have been appealed with	rulations of t	ie Oil Con	tervati	OB			OIL CO	NSER	VATION	DIVISI	ON		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved 3 1 1991							
( Derrit McClil	Walls	L							<b>~~</b>				
Signature						By	By ORIGINAL SIGNED BY						
Terry McCullough, Sr. Production Clerk						-,	MIKE WILLIAMS						
Proted Name Title 915/687-3551					Title SUPERVISOR, DISTRICT II								
Date				one No.	_		****	*10.0000	• .	and the second second			
						:							

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.