

RECEIVED

JAN - 6 1991

O. C. D.

ARTESIA OFFICE

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Santa Fe Energy Operating Partners, L.P.	Well API No. 30-015-26613
Address 550 W. Texas, Suite 1330, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Lamb Chop 17 State Com	Well No. 1	Pool Name, Including Formation Mosley Canyon Strawn Gas	Kind of Lease State, Federal or Fee	Lease No. G-575 & NM-VB-193
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>24S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> 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)					
Pinnacle Natural Gas Co.	P. O. Box 11248, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 17	Twp. 24S	Rge. 25E	Is gas actually connected? Yes	When? 12-3-91

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 4-17-91	Date Compl. Ready to Prod. 7-8-91		Total Depth 11,570'		P.B.T.D. 10,400'			
Elevations (DF, RKB, RT, GR, etc.) 4390' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 10,168'		Tubing Depth 9928' 9852'			
Perforations 10,168'-10,206' (80 holes)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		423'		450 sx C1 C (surf)			
12-1/4"	8-5/8"		2800'		1st: 800 sx C1 C			
7-7/8"	5-1/2"		10,504'		2nd: 730 sx C + 1" to surf.			
					600 sx C1 H			

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)

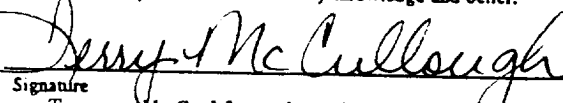
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Post ID-2 1-31-92 comp & BR	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 105	Length of Test 4 hrs	Bbls. Condensate/MCF 0	Gravity of Condensate N/A
Testing Method (puce, back pr.) Back pressure	Tubing Pressure (Shut-in) 1900	Casing Pressure (Shut-in) pkc.	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  
Jan. 3, 1991  
Date  
915/687-3551  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 31 1992

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.