

Sub. rel. S Comes  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

RECEIVED

JAN 05 1993

O. C. D.  
ARTES - CHECK

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

DISTRICT III  
1000 Rio Urales 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. 30-015-27153
Address 550 W. Texas, Suite 1330, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <u>CASING HEAD GAS MUST NOT BE</u> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <u>3/1/93</u> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <u>FROM</u> If change of operator give name and address of previous operator <u>THE OIL FIELD IS OBTAINED</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pure Gold C-17 Federal	Well No. 4	Pool Name, including Formation Sand Dunes, West (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM-45235
Location Unit Letter <u>H</u> : <u>1780</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>23S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196, Midland, Texas 79711					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>17</u>	Twp. <u>23S</u>	Rge. <u>31E</u>	Is gas actually connected? No	When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-7-92	Date Compl. Ready to Prod. 12-10-92		Total Depth 8070'		P.B.T.D. 8005'			
Elevations (DF, RKB, RT, GR, etc.) 3345.9' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7888'		Tubing Depth 7718'			
Perforations 7888'-7950' (Delaware) 124 holes					Depth Casing Shoe 8070'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		604'		850 sx Cl C			
12-1/4"	8-5/8"		4090'		2320 sx Cl C			
7-7/8"	5-1/2"		8070'		1250 sx in 2 stages			
	2-7/8"		7718'					

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 12-10-92	Date of Test 12-16-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 825	Casing Pressure pkr	Choke Size 10/64"
Actual Prod. During Test	Oil - Bbls. 280	Water - Bbls. 63	Gas - MCF 220

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Terry McCullough  
Signature  
Terry McCullough, Sr. Production Clerk  
Printed Name  
Dec. 17, 1992  
Date  
915/687-3551  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 18 1993  
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.