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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

Operator Santa Fe Energy Operating Partners, L.P.		Well API No. 30-015-27178
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) _____ 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 North Pure Gold 9 Federal	Well No. 1	Pool Name, Including Formation Los Medanos Delaware	Kind of Lease State <u>Federal</u> or Fee	Lease No. NM-77046
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>9</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 N	Sec. 9
	Twsp. 23S	Rge. 31E
	Is gas actually connected? No	When? est. May 5, 1993

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-25-92	Date Compl. Ready to Prod. 12-24-92		Total Depth 8125'		P.B.T.D. 8048'			
Elevations (DF, RKB, RT, GR, etc.) 3359.3' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7954'		Tubing Depth 7703'			
Perforations 7954'-8020' (132 holes)					Depth Casing Shoe 8125'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		652'		800 sx C1 C			
12-1/4"	8-5/8"		4060'		2500 sx C + C Lite			
7-7/8"	5-1/2"		8125'		1600 sx C1 H, Lite, & Neat			
	2-7/8"		7703'					

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 12-24-92	Date of Test 12-28-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 670	Casing Pressure pkx	Choke Size 14/64"
Actual Prod. During Test	Oil - Bbls. 207	Water - Bbls. 70	Gas - MCF 202

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
April 1, 1993
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 14 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.