

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

OIL CONSERVATION DIVISION

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

MAR 26 1993

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. 30-015-27180
Address 550 W. Texas, Suite 1330, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) 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 _____	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5/29/93
UNLESS A DECISION TO:
BE MADE BY THE DIVISION

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warthog 2 State	Well No. 2	Pool Name, Including Formation East Herradura Bend (Delaware)	Kind of Lease (State, Federal or Fee)	Lease No. VB-407
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>2</u> Township <u>23S</u> Range <u>28E</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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Natural Gas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 21470, Tulsa, Oklahoma 74121	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 2
	Twp. 23S	Rge. 28E
	Is gas actually connected? <u>NO</u> When? <u>est. April 1, 1993</u>	

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 12-15-92	Date Compl. Ready to Prod. 2-18-93		Total Depth 6356'		P.B.T.D. 6000'			
Elevations (DF, RKB, RT, GR, etc.) 3073.7' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5910'		Tubing Depth 5813'			
Perforations 5910'-5980' (36 holes)					Depth Casing Shoe 6356'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 400'		SACKS CEMENT 250 sx "C" (circ.)			
7-7/8"	5-1/2"		6356'		1850 sx (circ.)			
	2-7/8"		5813'		Part ID-2 4-2-93 comp & BK			

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 holes.)			
Date First New Oil Run To Tank 1-30-93	Date of Test 3-3-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure 30	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 11	Water - Bbls. 164	Gas - MCF 43

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature Terry McCullough
Printed Name Terry McCullough, Sr. Production Clerk
Date March 19, 1993 Telephone No. 915/687-3551

OIL CONSERVATION DIVISION

MAR 26 1993

Date Approved _____
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.