

Submit 5 Copies
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

C/S F
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EP

DISTRICT II
P.O. Drawer DD, Artesia, NM 88216

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. 30-015-27421
Address 550 W. Texas, Suite 1330, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pure Gold C-17 Federal	Well No. 12	Pool Name, including Formation Los Medanos (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM-45235
Location Unit Letter <u>K</u> : <u>2080</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>23S</u> Range <u>31E</u> , <u>NMPM</u> Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666
Name of Authorized Transporter of Casinghead Gas or Dry Gas Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	I 17 23S 31E Yes September 13, 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 8/11/93	Date Compl. Ready to Prod. 9/9/93	Total Depth 8050'		P.B.T.D. 8002'				
Elevations (DF, RKB, RT, GR, etc.) 3324' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7850'		Tubing Depth 7761'		Depth Casing Shoe 8050'		
Perforations 7850'-7890' (40 holes)								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		575'		650 sx "C"			
12-1/4"	8-5/8"		4035'		1250 sx Lite + 500 sx C			
7-7/8"	5-1/2"		8050'		475 sx H, 100 Lite +			
	2-7/8"		7761'		400 sx Neat			

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 9/9/93	Date of Test 9/11/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 480	Casing Pressure 1050	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 343	Water - Bbls. 138	Gas- MCF 320

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.

Terry McCullough
Signature
Terry McCullough, Sr. Production Clerk
Printed Name
Sept. 16, 1993
Date
915/687-3551
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 29 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.