

Unit 5 Corner
Prostate District Office
J. 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

CLSR
LT
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Op

STRICTLY
J. Drawer DD, Artesa, NM 88210
STRICTLY
W. Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Santa Fe Energy Operating Partners, L.P. ✓	Well API No. 30-015-27443
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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name North Pure Gold 9 Federal	Well No. 4	Pool Name, Including Formation Los Medanos (Delaware)	Kind of Lease State (Federal or Fee)	Lease No. NM-77046
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 9 Township 23S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp. EOTT Energy Operating LP	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4666, Houston, Texas 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, New Mexico 88240		
If well produces oil or liquids, give location of tanks.	Unit N Sec. 9 Twp. 23S Rge. 31E	Is gas actually connected? Yes	When? August 3, 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 7/5/93	Date Compl. Ready to Prod. 8/1/93	Total Depth 8123'		P.B.T.D. 8076'				
Elevations (DF, RKB, RT, GR, etc.) 3339' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7910'		Tubing Depth 7714'				
Perforations 7910'-7960' (51 holes)				Depth Casing Shoe 8123'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-5/8"	575'	800 sx Cl C (circ'd)
12-1/4"	8-5/8"	4064'	1700 sx PSL & "C"
7-7/8"	5-1/2"	8123'	1050 sx H. C-Lite & C Neat
	2-7/8"	7714'	

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 8/1/93	Date of Test 8/3/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 840	Casing Pressure Pkr.	Choke Size 16/64" camp x 13/16
Actual Prod. During Test	Oil - Bbls. 261	Water - Bbls. 152	Gas - MCF 284

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
Aug. 5, 1993
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 24 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

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.