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1000 Rio Brazos Rd., Aztec, NM 87410

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Santa Fe Energy Operating Partners, L.P.		Well API No. 30-015-27515
Address 550 W. Texas, Suite 1350, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: 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 North Pure Gold 9 Federal	Well No. 7	Pool Name, including Formation Los Medanos (Delaware)	Kind of Lease State <u>Federal</u> or Fee	Lease No. NM-77046
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</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, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp. Effective 4-1-94	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 F	Sec. 9	Twp. 23S	Rge. 31E	Is gas actually connected? Yes	When? February 18, 1994

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-12-94	Date Compl. Ready to Prod. 2-12-94		Total Depth 8150'		P.B.T.D. 8100'			
Elevations (DF, RKB, RT, GR, etc.) 3349' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7952'		Tubing Depth 7895'			
Perforations 7952'-7990' (38 holes)					Depth Casing Shoe 8150'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 48#		571'		650 sx (circ'd)			
12-1/4"	8-5/8" 32#		4130'		1750 sx Lite & "C"			
7-7/8"	5-1/2" 17&15.5#		8150'		1025 sx H. Lite & Near			
	2-7/8"		7895'					

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.)

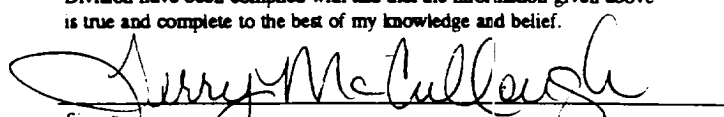
Date First New Oil Run To Tank 2-12-94	Date of Test: 2-17-94	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 280	Casing Pressure 70	Choke Size 26/64"
Actual Prod. During Test	Oil - Bbls. 278	Water - Bbls. 185	Gas- MCF 280

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, Sr. Production Clerk
Printed Name
2/25/94
Date
915/637-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1994
By _____
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.