

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

OIL CONSERVATION DIVISION

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

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

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.	30-015-27600
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
North Pure Gold 8 Federal	9	Los Medanos (Delaware)	State, Federal or Fee	NM-77046
Location				
Unit Letter	P	660	Feet From The South	Line and 860
Section	8	Township	23S	Range 31E, NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)				
EOTT Energy Corp.		Box 4666, Houston, Texas 77210-4666				
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Llano, Inc.		Box 1320, Hobbs, New Mexico 88240				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	N	9	23S	31E	Yes	November 4, 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-1-93	11-3-93		8100'		7999'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3305' GR	Delaware		7880'		7785'			
Perforations	7880'-7910' (30 holes)				Depth Casing Shoe			
				8010'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		585'		650 sx C1 C			
12-1/4"	8-5/8"		4072'		1600 sx Lite + 500 sx 'C'			
7-7/8"	5-1/2"		8010'		525 H, 170 Lite + 400 Ne			
	2-7/8"		7785'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

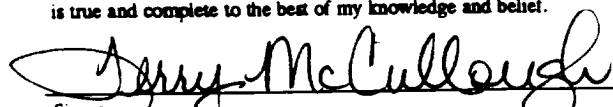
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-1-93	11-3-93	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	450	1020	20/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
	396	191	505

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
Nov. 8, 1993
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

NOV 2 1993

Date Approved
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.