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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

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

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Kio Urazon Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Santa Fe Energy Resources, Inc.		Well API No.
Address 550 W. Texas, Suite 1330, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change of Operator Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Adobe Resources, Corp., 300 W. Texas, Suite 1100, Midland, Texas 79701		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 32-22-6	Well No. 14	Pool Name, Including Formation Gallup Wildcat	Kind of Lease (State, Federal or Fee)	Lease No. LG 2962
Location Unit Letter N : 700 770 Feet From The South Line and 2200 Feet From The West Line Section 32 Township 22N Range 6W, NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Schlumberger	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77002	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Independent Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 168, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks. Unit N Sec. 32 Twp. 22N Rge. 6W	Is gas actually connected? Yes	When? May 15, 1987

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

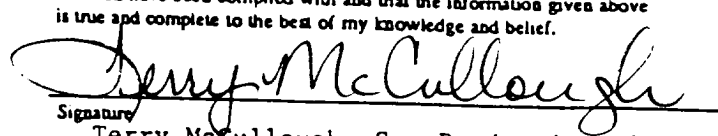
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

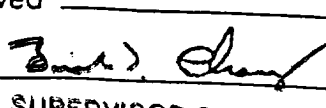
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puce, 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
June 9, 1992
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 1 21992
By 
Title SUPERVISOR DISTRICT #3

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.