

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATION OFFICE	
REGISTRATION OFFICE	

Operator: **SANTA FE ENERGY OPERATING PARTNERS, L.P.**
Address: **500 W. ILLINOIS, SUITE 500, MIDLAND, TEXAS 79701**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 6-17-88 UNLESS AN EXCEPTION TO RULE 111 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name HUMBLE HUME 5 STATE	Well No. 1	Pool Name, including Formation NORTH HUME WOLFCAMP	Kind of Lease STATE	Lease No.
Location Unit Letter W ; 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line of Section 5 Township 16S Range 34E , NMPM, LEA 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"/> TEXACO TRADING TRANSPORTATION, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, MIDLAND, TEXAS 79711
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit W Sec. 5 Twp. 16S Rge. 34E	Is gas actually connected? No When

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 <input checked="" type="checkbox"/>	Gas well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-26-88	Date Compl. Ready to Prod. 4-17-88	Total Depth 13,010	P.B.T.D. 12,415					
Elevations (DF, RKB, RT, GR, etc.) 4137.8	Name of Producing Formation WOLFCAMP	Top Oil/Gas Pay 9,566	Tubing Depth 9,954					
Perforations 10,070-87	Depth Casing Shoe 13,010							

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	456	475
11"	8-5/8"	4,452	2,500
7-7/8"	5-1/2"	13,010	3,200

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 4-17-88	Date of Test 4-18-88	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24	Tubing Pressure 493	Casing Pressure -0-	Choke Size 18/64
Actual Prod. During Test	Oil-Bbls. 544	Water-Bbls. -0-	Gas-MCF 370

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. 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.

Billie Hood
(Signature)
SR. PROD. CLERK
(Title)
4-19-88

OIL CONSERVATION DIVISION
APR 22 1988, 19
APPROVED _____
BY **Paul Kautz**
Geologist
TITLE _____

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

RECEIVED
APR 21 1988
OCD
HOBBS OFFICE