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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

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OIL CONSERVATION DIVISION

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

JAN 21 1994

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

I. Operator Santa Fe Energy Operating Partners, L.P. Well API No. 30-015-27550

Address 550 W. Texas, Suite 1330, Midland, Texas 79701

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Sterling Silver 33 Federal</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Sand Dunes, W. (Delaware)</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>NM-45236</u>
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>23S</u> Range <u>31E</u> , <u>NMPM</u> , <u>Eddy</u> 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"/> <u>EOTT Energy Corp.</u> <u>EOTT Energy Operating LP</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4666, Houston, Texas 77210-4666</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Llano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1320, Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>33</u> Twp. <u>23S</u> Rge. <u>31E</u> Is gas actually connected? <u>Yes</u> When? <u>1-6-94</u>

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 <u>11-24-93</u>	Date Compl. Ready to Prod. <u>1-4-94</u>	Total Depth <u>8150'</u>	P.B.T.D. <u>8096'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3402' GR</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>7954'</u>	Tubing Depth <u>8015'</u>					
Perforations <u>7954'-7994' (40 holes)</u>							Depth Casing Shoe <u>8150'</u>	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	587'	600 sx Lite + C
12-1/4"	8-5/8"	4200'	2100 sx Lite + C
7-7/8"	5-1/2"	8150'	955 sx H, Lite, Neat
	2-7/8"	8015'	

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 <u>1-3-94</u>	Date of Test <u>1-7-94</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>580</u>	Casing Pressure <u>120</u>	Choke Size <u>23/64"</u>
Actual Prod. During Test	Oil - Bbls. <u>340</u>	Water - Bbls. <u>79</u>	Gas- MCF <u>330</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate <u>Part #D-2</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size <u>3-4-94</u> <u>camp & B/R</u>

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
1/20/94 915/687-3551
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 28 1994
By _____
SUPERVISOR, DISTRICT II
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.