Í	NO. OF COPIES RECE			
	DISTRIBUTIO			
	SANTA FE			
-	FILE			
	u.s.g.s.			
	LAND OFFICE			
	TRANSPORTER	OIL		
	TRANSFORTER	GAS		
	OPERATOR			
1.	PRORATION OFFICE			
	Operator			
	Santa Fe E	nergy	Co	mpaı
	Address			
	P. O. Box	12058	, A	mer

III.

IV.

	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110				
	FILE		AND					
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS				
	LAND OFFICE	•						
	TRANSPORTER GAS	·						
	OPERATOR							
1.	PRORATION OFFICE							
	Santa Fe Energy Compan	ny						
	idress							
		P. O. Box 12058, American National Bank Bldg., Amarillo, TX 79101 son(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of: Name change of operator from						
	Recompletion Oil Dry Gas Oil Development Company of Texa							
	Change in Ownership	Casinghead Gas Condens	sate 🗍					
	If change of ownership give name		- C T					
	and address of previous owner	Oil Development Company	or rexas					
11.	DESCRIPTION OF WELL AND L	EASE						
	Lease Name	Well No. Pool Name, including Fo	State Foderal	Lease No.				
	SFPRR '23'	1 Plugged & aba	ndoned State, 1 casta	fee fee				
	Unit Letter 0 ; 33	O Feet From The South Line	e and 2310 Feet From T	he east				
	Ourt Fattet;;							
	Line of Section 23 Tow	nship 9S Range	36E , NMPM, Lea	a County				
177	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	s					
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)				
	None	- Day 6-4	Address (Give address to which approv	ed conv of this form is to be sent)				
	Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas	Address (Othe dadress to which approp	cu copy of this form to to come				
	None	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n				
	If well produces oil or liquids, give location of tanks.							
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:					
	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion	n = (X)						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	CL VDF DVD DT CD	Name of Producing Formation	Top O:1/Gas Pay	Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.).	Name of Floatening Comments.						
	Perforations		ç	Depth Casing Shoe				
			CEUENTING DECORD					
	(10) 5.0175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	HOLESIZE	CASING & LOBING SIZE						
		DD ALVOWADY E	for a security of total values of load oil o	and must be equal to or exceed top allow-				
V.	TEST DATA AND REQUEST FOOL WELL	ALLOWABLE (lest must be a) able for this de	pth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)				
	The state of Control	Tubing Pressure	Casing Pressure	Choke Size				
	Length of Test							
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF				
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Testing Method (pitot, back pr.)	tubing Pressure (Sinc-In)						
vi	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION				
V 1.								
	I hereby certify that the rules and r	regulations of the Oil Conservation	110000					
	Commission have been complied wabove is true and complete to the	best of my knowledge and belief.	BY Orig. Signed by John Russyss					
		1	TITLE Goologist					
	a W/ 1 1 11		11	compliance with RULE 1104.				
(Signature)			If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
							Petroleum Engineer	AL-1
(Title) March 13 1979			able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner,					

(Date)

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

