LAND OFFICE       IRANSPORTER       OIL         IRANSPORTER       OIL       GAS         OPERATOR       OPERATOR       OPERATOR         PRORATION OFFICE       Company         Address       Santa Fe Energy Company         Address       P. O. Box 12058, Amarillo, TX 79101         Reason(s) for films (Check proper box)       Change in Transporter of:         New Well       Change in Transporter of:         Recompletion       Oil         Change in Contenship(X)       Contensite         Condensate       Oil Development Company of Texas, P. O. Box 12058, and detess of previous owner         DESCRIPTION OF WELL AND LEASE         Lerse Name       Vell No. Pool Name, including Formation         Kind of Lease         SPRR       4         Vest Sawyer (San Andres)       State, Federal or Fee         Location       33       Township QS       Range 37E       NMPM, LEA         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       National Globe address to which approved copy of Mobil Pipeline Company       P.O.Box 900, Dallas, Texas 75         Name oi Autorized Transporter of Casingheed Gas [X] or Dry Gas       Address (Give address to which approved copy of Mobil Pipeline Company       P.O.Box 900, Dallas, Texas 751         Name oi Autorized Transporter of Casingheed Gas [X] or Dry Gas <th>Lease No. Fee st County this form is to be sent) 221 this form is to be sent)</th>	Lease No. Fee st County this form is to be sent) 221 this form is to be sent)
Santa Fe Energy Company         Address       P. O. Box 12058, Amarillo, TX 79101         Reconds) for filing (Check proper box)         New Well       Change in Transporter of:         Pecompletion       Out       Dry Gas         Change in Ownership [X]       Change in Transporter of:       Name change of company         Change in Ownership [X]       Casingheed Gas       Condensate       Name change of company         If change of ownership give name and address of previous owner       011 Development Company of Texas, P. O. Box 12058,         DESCRIPTION OF WELL AND LEASE         Leras Name       Well No.       Pool Nume, Including Formation       Kind of Lease         SFPRR       4       West Sawyer (San Andres)       State, Federal or Fee         Location       Unit Letter       B       : 660       Feet From TheNorthLine and _1780       Feet From TheEast         Line of Section       33       Township       95       Range       37E       . NMPM, LEA         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Cull [N] or Condensate []       Address (Give address to which approved copy of Mobil Pipeline Company       P.O.Box 900, Dallas, Texas 75:         Name of Authorized Transporter of Casingheed Gas [X] or Dry Gas       Address (Give address to which approved cop	Lease No. Fee st County this form is to be sent) 221 this form is to be sent)
Address       P. O. Box 12058, Amarillo, TX 79101         Reason(s) for filing (Check proper box)       Change in Transporter of:         New Well       Oil         Recompletion       Oil         Change in Ownership give name and address of previous owner       Oil Development Company of Texas, P. O. Box 12058,         If change of ownership give name and address of previous owner       Oil Development Company of Texas, P. O. Box 12058,         DESCRIPTION OF WELL AND LEASE       Veil No. Pool Name, including Formation         Letter Name       Weil No. Pool Name, including Formation         SFPRR       4         Unit Letter       B : 660         Feet From The _North _Line and _1780       Feet From The _East         Line of Section 33       Township 9S       Ramge 37E       NMPM. LEA         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil [N] or Condensate       Address (Give address to which approved copy of Section 33         Name of Authorized Transporter of Oil [N] or Condensate       Address (Give address to which approved copy of Section 24 Address to which approved copy of Section 300, Tulsa, Oklahoma 74100         Name of Authorized Transporter of Casingheid Gas [N] or Dry Gas       Address (Give address to which approved copy of Section 24 Address (Oil and Section 24 Condensate 25 Conden	Lease No. Fee st County this form is to be sent) 221 this form is to be sent)
Reason(s) for filing (Check proper box)       Other (Please explain)         New Well       OII       Dry Gas         Recompletion       OII       Dry Gas         Change in Ownership       OII       Dry Gas         If change of ownership give name and address of previous owner       OII Development Company of Texas, P. O. Box 12058,         DESCRIPTION OF WELL AND LEASE       Well No.       Pool Name, including Formation         Letter B       Well No.       Pool Name, including Formation         Vint Letter       B       660       Feet From The North         Line of Section       33       Township       95       Ramge         Name of Autorized Transporter of OII Not Condensate       Address (Give address to which approved copy of OI ON DATES)         Name of Autorized Transporter of Casingheed Cas (X)       or Day Gas       Address (Give address to which approved copy of Cities Service         Name of Autorized Transporter of Casingheed Cas (X)       or Day Gas       Address (Give address to which approved copy of Cities Service         Name of Autorized Transporter of Casingheed Cas (X)       or Day Gas       Address (Give address to which approved copy of Cities Service         Name of Autorized Transporter of Casingheed Cas (X)       or Day Gas       Address (Give address to which approved copy of Cities Service         Name of Autorized Transporter of Casingheed Cas (X) </td <td>Lease No. Fee st County this form is to be sent) 221 this form is to be sent)</td>	Lease No. Fee st County this form is to be sent) 221 this form is to be sent)
Image of ownership in Owne	Lease No. Fee st County this form is to be sent) 221 this form is to be sent)
and address of previous owner	Lease No. Fee t county this form is to be sent) 221 this form is to be sent)
Lease Name       Well No. Pool Name, including Poindition       Number of Condensation         SFPRR       4       West Sawyer (San Andres)       State, Federal or Fee         Location       Unit Letter       B       : 660       Feet From The North Line and 1780       Feet From The East         Line of Section       33       Township       95       Ramge       37E       NMPM, LEA         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Cill (N)       or Condensate       Address (Give address to which approved copy of P.O. Box 900, Dallas, Texas 752         Name of Authorized Transporter of Casinghead Cas (N)       or Dry Gas       Address (Give address to which approved copy of Box 300, Tulsa, Oklahoma 74102         Name of Authorized Transporter of Casinghead Cas (N)       or Dry Gas       Address (Give address to which approved copy of Box 300, Tulsa, Oklahoma 74102         If well produces oil or liquids,       Unit       Sec.       Twp.       Is gas actually connected?       When	Fee county this form is to be sent) 221 this form is to be sent)
SFPRR       4       West Sawyer (San Andres)       State, Federal or Fee         Location       Unit Letter       B       : 660       Feet From The North Line and 1780       Feet From The East         Line of Section       33       Township       95       Range       37E       NMPM, LEA         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of P.O.Box 900, Dallas, Texas 755)         Name of Authorized Transporter of Casinghead Cas (I) or Dry Gas       Address (Give address to which approved copy of Box 300, Tulsa, Oklahoma 7410)         Name of Authorized Transporter of Casinghead Cas (I) or Dry Gas       Address (Give address to which approved copy of Box 300, Tulsa, Oklahoma 7410)         If well produces oil or liquids,       Unit       Sec.       Twp.       Hge.       Is gas actually connected?       When	this form is to be sent) 221 this form is to be sent)
Unit Letter       B       : 660       Feet From TheNorthLine and _1780       Feet From TheEast         Line of Section       33       Township       95       Range       37E       , NMPM, LEA         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil (1)       or Condensate (1)       Address (Give address to which approved copy of P.O.Box 900, Dallas, Texas 75)         Mobil Pipeline Company       P.O.Box 900, Dallas, Texas 75)         Name of Authorized Transporter of Casinghead Gas (2)       or Dry Gas (2)       Address (Give address to which approved copy of Box 300, Tulsa, Oklahoma 7410)         Cities Service       Unit       Sec. (1 Mp. (1)       Is gas actually connected?       When         If well produces oil or liquids,       Unit       Sec. (1 Mp. (1)       Yes       NA	County this form is to be sent) 221 this form is to be sent)
Line of Section       33       Township       9S       Range       37E       NMPM,       LEA         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL       or Condensate       Address (Give address to which approved copy of P.O.Box 900, Dallas, Texas       752         Mobil Pipeline Company       P.O.Box 900, Dallas, Texas       752         Name of Authorized Transporter of Casinghead Gas (X)       or Dry Gas       Address (Give address to which approved copy of Box 300, Tulsa, Oklahoma         Cities Service       Box 300, Tulsa, Oklahoma       74102         If well produces oil or liquids,       Unit       Sec.       Twp.       Rege.       Is gas actually connected?       When	County this form is to be sent) 221 this form is to be sent)
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil I or Condensate         Mobil Pipeline Company         Name of Authorized Transporter of Casingheed Cas I or Dry Gas         Name of Authorized Transporter of Casingheed Cas I or Dry Gas         Name of Authorized Transporter of Casingheed Cas I or Dry Gas         Address (Give address to which approved copy of Cities Service         If well produces oil or liquids,         Unit       Sec.         Twp.       Rge.         Is gas actually connected?       When         NA	this form is to be sent) 221 this form is to be sent)
Name of Authorized Transporter of Oil X       or Condensate       Address (Give address to which approved copy of P.O.Box 900, Dallas, Texas 75)         Mobil Pipeline Company       P.O.Box 900, Dallas, Texas 75)         Name of Authorized Transporter of Casinghead Cas X       or Dry Gas         Address (Give address to which approved copy of Cities Service         If well produces oil or liquids,       Unit         Sec.       Twp.         Rge.       Is gas actually connected?         When       NA	221 this form is to be sent)
Mobil Pipeline Company       P.O.Box 900, Dallas, Texas 752         Name of Authorized Transporter of Casinghead Cas X or Dry Gas       Address (Give address to which approved copy of Box 300, Tulsa, Oklahoma 74102         Cities Service       Box 300, Tulsa, Oklahoma 74102         If well produces off or liquids,       Unit         Sec.       Twp.         Rge.       Is gas actually connected?         When       NA	this form is to be sent)
Cities Service Box 300, Tulsa, Oklahoma 7410: If well produces oil or liquids, Unit Sec. Twp. Ege. Is gas actually connected? When NA	
If well produces oil or liquids, Unit Sec. Twp. Ege. Is gas actually connected? When	•
give location of tanks.	•
If this production is commingled with that from any other lease or pool, give commingling order number:	
	k Same Res'v. Diff. Res'v.
Designate Type of Completion (X)	7 F
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 D	epth .
Perforations Depth Ca	sing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours)	s equal to or exceed top allow-
OIL WELL acte for first depth of de for juli 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	
Coston Deserves	Z\$
Length of Tast	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MC	
GAS WELL           Actual Prod. Test-MCF/D         Length of Test         Bbls. Condensate/MMCF         Gravity of test	of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke St	2.0
CERTIFICATE OF COMPLIANCE OIL CONSERVATION C	OMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	, 19
ABOVE IS ILLE AND COMPLETE IN AND AND AND AND AND AND AND AND AND AN	
Original Signed by Anthony J. Welker This form is to be filed in compliance	e with RULE 1104. a nawly drilled or deepened
(Signature) well, this form must be accompanied by a tests taken on the well in accordance wi	th RULE 111.
Petroleum Engineer (Title) Petroleum engineer All sections of this form must be fille sble on new and recompleted wells.	d out completely for allow-
January 19, 1979 Well name or number, or transporter, or other	a such change of consistent
(Date) Separate Forms C-104 must be filed	i for each pool in multipl