ſ	NO. OF COPIES RECEIVED				
-	DISTRIBUTIO	DISTRIBUTION			
1	SANTA FE				
	FILE				
Ī	U.S.G.S.				
	LAND OFFICE	LAND OFFICE			
ĺ	TRANSPORTER	OIL			
		G AS			
	OPERATOR				
1.	PRORATION OFFICE				

	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104	
Ī	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	GAS	
	LAND OFFICE				
	TRANSPORTER GAS				
Ì	OPERATOR				
1.	PRORATION OFFICE				
	Operator				
	SANTA FE ENERGY COMPANY	7			
ı	Address				
	7200 I-40 WEST, AMARILI	O, TEXAS 79106			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New We!1	Change in Transporter of:			
	Recompletion	Oil XX Dry Gas Casinghead Gas Condens	FEEECTIVE OC	TOBER 29, 1982	
	Change in Ownership	Casinghead Gas Condens	idle		
	If change of ownership give name and address of previous owner				
11	DESCRIPTION OF WELL AND I	FASE			
11.	Lease Name	Well No. Pool Name, Including For	rmation Kind of Le	ase Lease No.	
	FEDERAL 22	1 WEST SAWYER (S	AN ANDRES) State, Fede	eral or Fee FEDERAL NM050475A	
	Location				
	Unit Letter N; 660	Feet From The SOUTH Line	and 1980 Feet Fro	m The WEST	
	Line of Section 22 Tow	mship 9S Range 3	7E , NMPM,	LEA County	
	Project Amioti on the Asianon	PED OF OH AND NATHDAY AAS	2		
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS  AX or Condensate	Address (Give address to which app	proved copy of this form is to be sent)	
	J.M. PETROLEUM CORPORAT		2000 N. TOWER PLAZA OF THE AMERICA	S DALLAS TY 75201	
	Name of Authorized Transporter of Cas		Address (Give address to which app	proved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	N 22 9S 37F	NO		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA			Plua Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completion		New Well Workover Deepen	Plug Back Same New V. Ditt. New V.	
			Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	1.5.1.5.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Lievations (DF, RRB, RT, GR, etc.)				
	Perforations	4		Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s lift, etc.)	
	Data t Wat Haw Off How to Ldura				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of lest	Boto. Condensato, Mino.		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	resting Method [pitot, oder pr./	- anning t			
<b>T</b> '	CERTIFICATE OF COMBLIAN	CF	OIL CONSER	VATION COMMISSION	
٧l	CERTIFICATE OF COMPLIANCE				
	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.		APPROVED NOV 3 1982		
			NO COLUMN DV		
	above is true and complete to th	e best of my knowledge and belief.	LEPRY SI	EXTON	
			TITLE DISTRICT		
	anthy I. Wells.		This form is to be filed in compliance with RULE 1104.		
	(Sie	nature)	It is able from much be account	magnish by a tabulation of the deviation	
	<i>\</i>		tests taken on the well in accordance with RULE 111.		

DISTRICT PRODUCTION ENGINEER (Title)

OCTOBER 29, 1982

(Date)

All sections of this form must be filled out completely for allowable 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.

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

NO. OF COPIES RECE	NO. OF COPIES RECEIVED		
DISTRIBUTIO			
SANTA FE			
FILE	FILE U.S.G.S.		
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

[	FILE		AND	Ellective 1-1-03	
}	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	S	
ŀ	LAND OFFICE				
- 1	I RANSPORTER GAS				
	OPERATOR				
1.	Operator				
	•	SANTA FE ENERGY COMPANY			
	Address				
		WEST, AMARILLO, TEX. 7910	Other (Please explain)		
	Reason(s) for filing (Check proper box)  New Well	Change in Transporter of:			
	Recompletion	Oil Y Dry Gas	EFFECTIVE JUNE	1, 1982	
	Change in Ownership	Casinghead Gas Condens	ate		
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND I	EASE	mation Kind of Lease	Lease No.	
	Lease Name	Well No. Pool Name, Including For	State Federal	or Fee NIMOFO47FA	
	FEDERAL 22	1 WEST SAWYER (SAI	N ANDRES)	FEDERAL I NMUSU4/3A	
	Unit Letter;	Feet From The SOUTH Line	and 1980 Feet From Th	ne WEST	
	22	05 - 3	7E , NMPM,	LEA County	
	Line of Section 22 Tow	mship 95 Range 3	/L , North,	HEIT	
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed conv of this form is to be sent!	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give daaress to which approve	ł	
	INTERNATIONAL CRUDE COR	Inghead Gas or Dry Gas	2454 INDUSTRIAL BLVD. A Address (Give address to which approve	ed copy of this form is to be sent)	
	Addie of Hameter and F				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	1	
	give location of tanks.	N 22 9S 37E	NO NO		
117	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	give commingling order number:		
1 .	Designate Type of Completio	01. 11011	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	Petroidions				
			CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEFINGE		
			the recovery of solal values of load all t	and must be equal to or exceed top allow-	
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)  (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	Date of Test	Producing Method (Flow, pump, gas lif	i, eic.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Length of 1eer				
	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, oack pr.)	Tubing Pieses (Base-22)			
VI	I. CERTIFICATE OF COMPLIANCE  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.		OIL CONSERVA	TION COMMISSION	
•			APPROVED JUN 8	1982, 19	
			ORIGINAL SIGNS	D BY	
			BY	₹ ~ ^	
	6.11	<i>[</i>	TITLE DESCRIPTION		
	DISTRICT PROD. ENGINEER		This form is to be filed in	compliance with RULE 1104.	
			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.		

(Title) 1982

(Date)

MAY 27,

All sections of this form must be filled out completely for allowable 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.

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

## DISTRIBUTION SANTA FE

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

U.S.G.S.	AUTHORIZATION TO TRAI	ISPORT OIL AND NATURAL GAS		
LAND OFFICE OIL				
GAS	_			
PROBATION OFFICE	一			
Chetatot				
Santa Fe Energy	Company			
P. O. Box 12058.	Amarillo, TX 79101	Other (Please explain)		
Reason(s) for filing (Check proper be	Oz) Change in Transporter of:	Other (Please explain)		
New Well	Oil Dry Gas	Name change of	company	
Recompletion Change in Ownership	Casinghead Gas Condens			
If change of ownership give name and address of previous owner	Oil Development Comp	any of Texas, P. O. Box	x 12058, Amarillo, TX 7910	
DESCRIPTION OF WELL AN	D LEASE		No.	
Lease Name Federal 22	Mett Mor boot trans, mercand .	(San Andres) Kind of Lea		
Lecation	Courth	1980	West	
Unit Letter;	Feet From TheLine	e andreet rion	_	
Line of Section 22	Fownship 9S Range	37E , NMPM,	Lea County	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	roved copy of this form is to be sent)	
Name of Authorized Transporter of C Mobil Pipeline Com	OII A of Condensate	Box 900, Dallas, TX 7	5221	
Name of Authorized Transporter of		Address (Give address to which app	roved copy of this form is to be sent)	
		Is gas actually connected?	/hen	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. N 22 9S 37E	No 1		
If this production is commingled	with that from any other lease or pool,	give commingling order numbers		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Comple	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay		
Perforations		•	Depth Casing Shoe	
	TUBING, CASING, ANI	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			1	
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a chie for this d	after recovery of total volume of load of epih or be for full 24 hours)	oil and must be equal to or exceed top allo	
OIL WELL   Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ilift, etc.)	
Date Plat New On the Tale		G. J. Brossille	Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	G.1020 G.120	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
GAS WELL		Tall Contract ONCE	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Glavity or community	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
•		OU CONSER	VATION COMMISSION	
. CERTIFICATE OF COMPLI			L 6 1979, 19	
I hereby certify that the rules a	hereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given the beat of my knowledge and belief.		ed by	
	ed with and that the information given the best of my knowledge and belief.	BY John Rus	nyan	
		TITLE Geolog	ist	
Original Sign	ginal Signed By History J. Weller	This form is to be filed	in compliance with RULE 1104.	
Anthony J. Wel An	World.	If this is a request for a	llowable for a newly drilled or deepen	
	Signature)	II to told on the Well III &	CCOLUMNICO MILLO ILO	
Petroleum Engin		All sections of this form	i must be filled out completely for allo i wells.	
Tanuam: 10 107	(Tule)		ittA Wi for changes of Own	
January 19, 197	(Date)	II	i, ii, iii, and porter, iii, iii, iii, iii, iii, iii, iii, i	
1 - 2 - 7 <u>-</u>	The state of the s	Separate Forms C-104 completed wells.		