

|                  |     |  |
|------------------|-----|--|
| DISTRIBUTION     |     |  |
| SANTA FE         |     |  |
| FILE             |     |  |
| U.S.G.S.         |     |  |
| LAND OFFICE      |     |  |
| TRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

|   |  |
|---|--|
| Operator<br>Santa Fe Energy Company   |  |
| Address<br>P. O. Box 12058, Amarillo, TX 79101  |  |
| Reason(s) for filing (Check proper box)   | Other (Please explain)   |
| New Well <input type="checkbox"/>   | Change in Transporter of:  |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                                      |
| Change in Ownership <input checked="" type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Name change of company |
| If change of ownership give name and address of previous owner<br>Oil Development Company of Texas, P. O. Box 12058, Amarillo, TX 79101 |  |

|                               |  |  |                  |
|-------------------------------|--|--|------------------|
| DESCRIPTION OF WELL AND LEASE |  |  |                  |
| Lease Name<br>SFPRR           | Well No. 14 Pool Name, Including Formation<br>West Sawyer (San Andres) | Kind of Lease<br>State, Federal or Fee Fee | Lease No.        |
| Location                      |  |  |                  |
| Unit Letter J                 | 1839 Feet From The South Line and 2121 Feet From The East              |  |                  |
| Line of Section 27            | Township 9S  | Range 37E                                  | NMPM, Lea County |

|  |  |
|--|--|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  |  |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Mobil Pipeline Company   | P.O. Box 900, Dallas, Texas 75221  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Cities Service   | Box 300, Tulsa, Oklahoma 74102   |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| G 33 9S 37E  | Yes NA   |

|   |                             |                 |              |                   |  |  |  |  |  |
|---|-----------------------------|-----------------|--------------|-------------------|--|--|--|--|--|
| If this production is commingled with that from any other lease or pool, give commingling order number: |                             |                 |              |                   |  |  |  |  |  |
| COMPLETION DATA   |                             |                 |              |                   |  |  |  |  |  |
| Designate Type of Completion - (X)  |                             |                 |              |                   |  |  |  |  |  |
| 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 Depth |                   |  |  |  |  |  |
| Perforations  |                             |                 |              | Depth Casing Shoe |  |  |  |  |  |

|                                      |                      |           |              |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD |                      |           |              |
| HOLE SIZE                            | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |

|  |                 |   |            |
|--|-----------------|---|------------|
| EST DATA AND REQUEST FOR ALLOWABLE I. 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) |                 |   |            |
| First New Oil Run To Tanks   | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test   | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test   | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| S 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            |

|  |  |
|--|--|
| 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 is true and complete to the best of my knowledge and belief. |  |
| Original Signed By<br>Anthony J. Welker  |  |
| (Signature)  |  |
| Petroleum Engineer   |  |
| (Title)  |  |
| January 19, 1979   |  |
| (Date)   |  |

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|--|--|
| OIL CONSERVATION COMMISSION<br>MAR 16 1979   |  |
| APPROVED _____, 19 _____   |  |
| BY _____   |  |
| Orig. Signed by<br>John Runyan<br>Geologist  |  |
| TITLE _____  |  |
| 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. |  |
| 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.  |  |