

OIL CONSERVATION DIVISION

P. O. BOX 70111

SANTA FE, NEW MEXICO 87501

NO. OF SUPPLIES RECEIVED		
EXISTENTIAL ITEM		
SANTAFE		
FILE		
U.S.G.		
LAND OFFICE		
TRANSPORTER	OIL GAS	
OPERATOR		
PROBATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE ENERGY OPERATING PARTNERS, L.P.

Address

500 W. ILLINOIS , SUITE 500 , MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter ol:

Recollection

011

Dry Gas

Change in Ownership ☒

Casinghead Gas ☐

Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner _____

SANTA FE ENERGY COMPANY 500 W. ILLINOIS SUITE 500, MIDLAND, TEXAS 79701

II. DESCRIPTION OF WELL AND LEASE.

DESCRIPTION OF WELL AND LEASE				
Lessee Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SFPRR 27	4	Crossroads (Siluro-Devonian)	State, Federal or Fee Fee	
Location				
Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>9S</u> Range <u>36E</u> , NMPM, <u>Lea</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"/> Mobil Pipeline Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, TX 75221	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 27	Twp. 9S	Rge. 36E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
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

7. 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 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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

1. 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.

SR. PRODUCTION CLERK

JUNE, 20, 1986

(1010)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated rate taken on the well in accordance with RULE 111.

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