

P. O. BOX 7000

SANTA FE, NEW MEXICO 87501

NO OF LINES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PROMOTION OFFICE			

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

6519101

SANTA FE ENERGY OPERATING PARTNERS, L.P.

Address

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

Reasons for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Recompletion

Oil

Dry Gas

Change in Ownership

Castinghead Gas

Condensate

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

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SFPRR	18	West Sawyer (San Andres)	State, Federal or Fee Fee	
Location				
Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section	28	Township	9S	Range
				37E
				NMPM, Lea
				County

II. 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"/> Cities Service					Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 33	Twp. 9S	Rge. 37E	Is gas actually connected? Yes	When N/A

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

IV. 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, RAB, 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Coating 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

(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 3 1986

19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 deviation taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of condition. Form No. 704 must be filed for each pool in multiple.

RECEIVED
JUL 8 1986
O.C.D.
HOBBS OFFICE