DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104	
SANTA FE	REQUEST F	FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE		AND	•		
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NA	TURAL GAS		
LAND OFFICE				•	
OIL					
TRANSPORTER GAS					
OPERATOR			·		
PRORATION OFFICE					
Operator					
Santa Fe Energy Co	ompany				
Adaress				·	
P. O. Box 12058, A	Amarillo, TX 79101	Other (Please e	volair l		
Reason(s) for filing (Check proper box)		Other (Fredse e	ipiai,		
New Well	Change in Transporter of:				
Recompletion	OII Dry Gas	Name chan	ge of compan	У	
Change in Ownership	Casinghead Gas Conden	sate			
f change of ownership give name nd address of previous owner	Oil Development Comp	any of Texas, P.	0. Box 1205	8, Amarillo, TX 7910	
DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	ormation	(ind of Lease	Lease No.	
Lease Name	21 West Sawyer (Sa	1,	itate, Federal or Fee	Fee	
SFPRR	21 Nest Sawyer (de	in raidros)			
Unit Letter 0 : 1980		and 660 37E , NMPM,	Feet From The Lea	South	
Line of Section 27 Town	mahip 9S Range	J/E , NoiPM,			
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to	which approved copy	y of this form is to be sent)	
Name of Authorized Transporter of Cil	or Condensate	1			
Mobil Pipeline Company	P.O. Box 900, Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Cast					
Cities Service	BOX 500, 14154, Oktaber				
	Unit Sec. Twp. Rge.	Is gas actually connected		NT A	
give location of tanks.	G 33 9S 37E	Yes		NA	
in a lad with	h that from any other lease or pool,	give commingling order	number:	•	
f this production is commingted with COMPLETION DATA	ii that from any other re-			Back Same Res'v. Diff. Res'v.	
	Oll Well Gas Well	New Well Workover	Deepen Plug	Back Same Res V. Dill. Res V.	
Designate Type of Completion	n = (X)	1	<u> </u>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	r.d.	
		Ton Oil (Gas Par	Tubl	ng Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			
			Denti	h Casing Shoe	
Perforations			• 55,11	•	
	TUBING, CASING, AND	D CEMENTING RECORD	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	<u>T</u>	SACKS CEMENT	
11002 0120					
·	<u> </u>		ne of land all and mu	st be equal to or exceed top allow	
DECITED EA	OR ALLOWABLE (Test must be o	ifter recovery of total volume epth or be for full 24 hours,	ise of some osserios ind		
TEST DATA AND REQUEST FO	able for this di	enth of he for full 24 hours.	,		

Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test

Gas-MCF Water - Bbls. Oll-Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF

Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shnt-in) Testing Method (pitot, back pr.)

1. 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.

Original Signed By Anthony J. Welker

(Signature) Petroleum Engineer (Title) January 19,

(Date)

OIL CONSERVATION COMMISSION

MAR 1 8 19/9 APPROVED.

Orig. Signed by es Rospes 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.