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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM: 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Santa Fe Exploration Company								Well API No. 30-025-24984			
Address											
P. O. Box 1136, Roswe	11, NM	8820	2-1136	<u> </u>			- ,				
Reason(s) for Filing (Check proper box) New Well		Change in	Transport	er of:	[ Othe	s (Please expla	iin)				
Recompletion	Oit		Dry Gas								
Change in Operator	Casinghead		Condensa	ite 🔲							
of change of operator give name and address of previous operator COI	noco Inc	c., P.	O. B	ox 460	, Hobbs,	NM 882	241				
II. DESCRIPTION OF WELL							1 *** *			No	
West Knowles	Well No.   Pool Name, Including Knowles Di				rinkard,	West		Kind of Lease State, Federal or Fee		ease No.	
Location Unit Letter B	. 60	60	Feet From	n The	orth	1980	). Fe	et From The	East	Line	
3/	168			37E			Lea	:		<b>G</b>	
Section 34 Township	, 103		Range		, NA	IPM,				County	
III. DESIGNATION OF TRAN	SPORTE			NATU	RAL GAS						
Name of Authorized Transporter of Oil	27	or Conden	L	□ 1992-		address to wh			orm is to be se 67201	int)	
Koch Oil Company paragraphic factory 1, 19 Name of Authorized Transporter of Casinghead Gas X or Dry Gas [					P. O. Box 2239, Wichita, KS 67201  Address (Give address to which approved copy of this form is to be sent)						
Phillips 66 Company	GPM G		• —		P. O. Box 5400, Ba						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connected?			When ?			
give location of tanks.  If this production is commingled with that	B	34	16S	37E	ing order numb			NA			
IV. COMPLETION DATA	HORE BEY COM	. reast of	hori, Rive	~vining!					·		
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	J	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
					CEMENTI		D	<del></del>	- 1 0 1 0 0 5 1 1		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<del> </del>							<del> </del>			
								<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	LLOW	ABLE Mondai	l and must	he equal to or	exceed too allo	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Ter		<i>o</i> y 1000 01	i dha masi	Producing Me	thod (Flow, pu	ımp, gas lift,	etc.)	, <u></u>		
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
								1		<del></del>	
GAS WELL								18-3-3	Panalanasa.		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI OPEN LUON CONTURE	LATTE OF	COL	Y 7 A B.T.	CE	1		<del></del>				
VI. OPERATOR CERTIFIC				CE	(	OIL CON	<b>ISERV</b>	ATION	DIVISIO	NC	
Division have been complied with and	that the infor	rmation giv	en above		H			MAL	T 3 '92		
is true and complete to the best of my	knowledge ar	nd belief.			Date	<b>Approve</b>	id				
Sanet a House	)					- •		mad k-			
Signature					∥ By_	By Orig. Signed by Paul Kautz Geologas					
Janet A. Royal Production Analyst					11						
Printed Name January 8, 1992	(	505) 6	Title 23-27	33	Title			· · · · · · · · · · · · · · · · · · ·			
Date Date			ephone No								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.