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State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator Santa Fe Energy Operating Partners, L.P. | Well API No. 30-025-27567 |
| Address 500 W. Illinois, Suite 500, Midland, Texas 79701 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name State NM "11" | Well No. 2 | Pool Name, Including Formation Tulk Wolfcamp | Kind of Lease <u>State</u> , Federal or Fee | Lease No. |
| Location Unit Letter <u>E</u> : 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>15S</u> Range <u>32E</u> , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS SCURLOCK PERMIAN CORP EFF 9-1-91

| | | | | | | |
|---|---|-------------------|--------------------|--------------------|--|-------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u> | Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79702 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Company</u> | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit <u>E</u> | Sec. <u>11</u> | Twp. <u>15S</u> | Rge. <u>32E</u> | Is gas actually connected? <u>Yes</u> | When? <u>1-28-82</u> |

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| | <input checked="" type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
| Date Spudded <u>10-11-81</u> | Date Compl. Ready to Prod. <u>Recompleted 7-15-89</u> | | Total Depth <u>12,446'</u> | | P.B.T.D. <u>11,980'</u> | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>4297' DF</u> | Name of Producing Formation <u>Wolfcamp</u> | | Top Oil/Gas Pay <u>9941'</u> | | Tubing Depth <u>9810'</u> | | | |
| Perforations <u>9941-66' & 9996'</u> | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| <u>17 1/2"</u> | <u>13 3/8"</u> | | <u>420'</u> | | <u>420 sx - Circ</u> | | | |
| <u>11"</u> | <u>8 5/8"</u> | | <u>4120'</u> | | <u>2750 sx - Circ</u> | | | |
| <u>7 5/8"</u> | <u>5 1/2"</u> | | <u>12440'</u> | | <u>1300 sx - Circ</u> | | | |

V. 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 Tank <u>7-13-89</u> | Date of Test <u>7-15-89</u> | Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u> | |
| Length of Test <u>24 hrs</u> | Tubing Pressure <u>FTP 250</u> | Casing Pressure <u>--</u> | Choke Size <u>14/64"</u> |
| Actual Prod. During Test | Oil - Bbls. <u>168</u> | Water - Bbls. <u>64 BLW</u> | Gas- MCF <u>158</u> |

GAS WELL

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

VI. OPERATOR 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.

Terry McCullough
Signature
Terry McCullough, Sr. Production Clerk
Printed Name
7-19-89
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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.

RECEIVED

JUL 20 1989

OCD
HOBBS OFFICE