

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

Operator  
Santa Fe Energy Operating Partners, L.P.

Address  
500 W. Illinois, Suite 500, Midland, TX 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name: N. H. 5 Federal Well No.: 1 Pool Name: Wolfcamp Formation: R 8409 4-1-87 Kind of Lease: Federal or Fee State: (Federal) or Fee Lease No.: NM 57535

Location: Unit Letter: G; 2466 Feet From The North Line and 1980 Feet From The East  
 Line of Section: 5 Township: 16S Range: 34E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate : Texaco Trading Transportation, Inc. Address: P. O. Box 6196, Midland, TX 79711  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas : Conoco, Inc. Address: 7408 Andrews Hwy, Odessa, TX 79765

If well produces oil or liquids, give location of tanks: Unit: G, Sec: 5, Twp: 16S, Rge: 34E. Is gas actually connected? Yes When: 2-13-86

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded: 10-16-86	Date Compl. Ready to Prod.: 1-8-87	Total Depth: 13,337'	P.B.T.D.: 10,945'					
Elevations (DF, RNB, RT, GR, etc.): 4143.5' GL	Name of Producing Formation: Wolfcamp	Top Oil/Gas Pay: 9656	Tubing Depth: 10,117					
Perforations: 10,176-10,192'							Depth Casing Shoe: 11,232	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	455'	475
11	8 5/8	4,543'	1300
7 7/8	5 1/2	11,232'	975
	2 7/8		

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 Tanks: 1-8-87	Date of Test: 1-12-87	Producing Method (Flow, pump, gas lift, etc.): Flow	
Length of Test: 13 hrs	Tubing Pressure: 750	Casing Pressure: pkr	Choke Size: 18/64"
Actual Prod. During Test: 363	Oil-Bbls.: 363	Water-Bbls.: 5	Gas-MCF: 325

GAS WELL

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

VI. 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.

Billie Hood Billie Hood  
(Signature)  
Sr. Production Clerk  
(Title)  
2-13-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 16 1987, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 110.  
 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 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 multiple.