

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------|------------|
| NAME OF OPERATOR | |
| DETERMINATION | |
| DATE | |
| TIME | |
| LOCATION | |
| AND OFFICE | |
| TRANSPORTER | DIL OAS |
| PERMIT | |
| AGRATION OFFICE | |

Santa Fe Exploration, Inc. (505) 623-2733

P. O. Box 1136, Roswell, NM 88202-1136

Reason(s) for filing (Check proper box)

Oil Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Effective 7-1-85

Change of ownership give name
and address of previous ownerMobil Producing Texas & New Mexico Inc.
9 Greenway Plaza, Suite 2700, Houston, TX 77046

DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------|----------|--------------------------------|-------------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| E K Queen Unit Tract 3 | 2 | E K Yates Seven Rivers Queen | State, Federal or Fee Federal | |

Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The WestLine of Section 18 Township 18-S Range 34-E , NMPM, 1 ea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>N/A WATER INJECTION WELL</u> | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| | |

If well produces oil or liquids,
give location of tanks.

Unit Sec. Twp. Rge.

Is gas actually connected? When

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

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (DF, RKB, 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 |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

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)

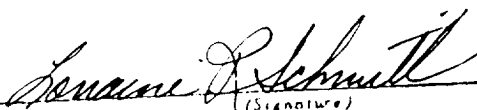
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bble. | Water-Bble. | Gas-MCF |

GAS WELL

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

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.



Lorraine R. Schmitt, Agent

July 31, 1985

(Date)

OIL CONSERVATION DIVISION

AUG 27 1985

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.