

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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	
REGISTRATION	
UNIT	
WELL	
DATE	
AND OFFICE	
TRANSPORTER	
DIL	
OAS	
OPERATION	
REGISTRATION OFFICE	
TOTAL	

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

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

Reason(s) for filing (Check proper box)

New Well
 Recompletion
 Change in Ownership

Change in Transporter of Oil
 Oil
 Casinghead Gas

Dry Gas
 Condensate

Other (Please explain) Effective 7-1-85

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

DESCRIPTION OF WELL AND LEASE	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 West

Line of Section 18 T. wship 18-S Range 34-E NMPM, 1ea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

N/A WATER INJECTION WELL

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

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:

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.		
Innovations (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 (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	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
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
(Signature)
Lorraine R. Schmitt, Agent
(Title)
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.