

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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DISSEMINATION		
TACTICAL		
FILE		
U.S.G.B.		
UNIT OFFICE		
TRANSPORTER	DIC	
	OAS	
OPERATOR		
PROPAGATION OFFICE		
COUNCILOR		

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

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

Region(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

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

Tract Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Free	Lease No.
E K Queen Unit Tract 2	1	EK Yates Seven Rivers Queen	Federal	

Location L : 1980 Feet From The South Line and 660 Feet From The West

Line of Section 19 Township 18S Range 34E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. Box 1183, Houston, TX 77001	
Permian Corporation, The (Trucks)		Address (Give address to which approved copy of this form is to be sent)	

Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company		P. O. Box 2130, Hobbs, NM 88240

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	19	18S.	34E	Yes	

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

COMPLETION DATA

Completion Data	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion -- (X)								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (D.F., R.N.B., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING LOG			
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)

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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Approx. Prod. Test-MCF/D	Length of Test		
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

OIL CONSERVATION DIVISION

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 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 all wells 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 multi-completed wells.