

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Santa Fe Exploration, Inc.	
Address P. O. Box 1136, Roswell, New Mexico 88202-1136	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner

R8104 12-16-85

II. DESCRIPTION OF WELL AND LEASE

Lease Name Corbin Fee	Well No. 2	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>18S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196, Midland, TX 79701-06196
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 <u>L</u> Sec. <u>3</u> Twp. <u>18S</u> Rge. <u>33E</u>	Is gas actually connected? <u>No</u> When <u>ASAP</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Lorraine R. Schmitt
(Signature)
Lorraine R. Schmitt
(Title)
November 30, 1985
(Date)

OIL CONSERVATION DIVISION

DEC 3 - 1985

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 deviation 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 multiply completed wells.

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-7-85	Date Compl. Ready to Prod. 11-01-85		Total Depth 5200'		P.B.T.D. 4350'				
Elevations (DF, RKB, RT, GR, etc.) 4012.1 GL	Name of Producing Formation Queen		Top Oil/Gas Pay 4224'		Tubing Depth 4240'				
Perforations 4224-4234' (21 holes), 4898-4902 (9), 4961-4965 (9), 5109-5128 (38 holes)							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8-5/8"		1554'		610 Sx Lite + 100 Sx				
					C1 "C" (Circ 62 Sx)				
7-7/8"	5-1/2"		5200'		350 sx C1 "C" 50/50 POZ				

V. 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 8-08-85	Date of Test 11-01-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 81	Water - Bbls. 20	Gas - MCF 68

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

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