

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Urales Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Santa Fe Energy Operating Partners, L.P.		Well API No. 30-025-29605
Address 500 W. Illinois, Suite 500, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <u>delete "Com" from lease name</u> Recompletion <input checked="" type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name New Mexico Federal	Well No. 1	Pool Name, including Formation Wildcat Delaware
Location Unit Letter <u>H</u> : <u>2080</u> Feet From The <u>North</u> Line and <u>600</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>18S</u> Range <u>33E</u> , NMPM, Lea County	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-04591

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 and Transportation, Inc.				Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196, Midland, Texas 79711			
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 H	Sec. 24	Twp. 18S	Rge. 33E	Is gas actually connected? No	When ?	
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	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 12-8-86	Date Compl. Ready to Prod. Recompl 8-6-90		Total Depth 13,730'		P.D.T.D. 7260'			
Elevations (DF, RKB, RT, GR, etc.) 3952' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5429'		Tubing Depth 5520'			
Perforations 5429'-5486' (8 holes)					Depth Casing Shoe 13,349'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
See original completion C-104								
		2-7/8"		5520'				

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 Tank 8-6-90	Date of Test 8-19-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure 35	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 71	Water - Bbls. 52	Gas - MCF 60

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

VI. OPERATOR 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.	
Signature <u>Terry McCullough</u>	Title Sr. Production Clerk
Printed Name Terry McCullough	Date August 28, 1990
	Telephone No. 915/687-3551

OIL CONSERVATION DIVISION

Date Approved SE-1990  
By Paul Hantz  
Geologist  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.