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State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Santa Fe Energy Operating Partners, L.P.		Well API No. 30-025-29617
Address 500 W. Illinois, Suite 500, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> 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 Cancel Quechero Plains Lease		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sprinkle Federal	Well No. 4	Pool Name, including Formation Quechero Plains Upper Bone Spring	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-40452
Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>18S</u> Range <u>32E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1199, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 26	Twp. 18S	Rge. 32E	Is gas actually connected? Yes	When? 5-13-87

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-28-87	Date Compl. Ready to Prod. Recompl. 9-15-89		Total Depth 9700'		P.B.T.D. 8677' (WL)			
Elevations (DF, RKB, RT, GR, etc.) 3748.8' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8541'		Tubing Depth 8624'			
Perforations 8541-8587' (11 holes)					Depth Casing Shoe 9700'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		353'		370 sx			
11"	8 5/8"		2810'		1050 sx			
7 7/8"	5 1/2"		9700'		900 sx			

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 9-15-89	Date of Test 9-16-89	Producing Method (Flow, pump, gas lift, etc.) Pumping - 1 1/4" rod pump	
Length of Test 18 hrs	Tubing Pressure --	Casing Pressure 38	Choke Size --
Actual Prod. During Test	Oil - Bbls. 46	Water - Bbls. 68	Gas - MCF 77

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.

Terry McCullough
Signature
Terry McCullough, Sr. Production Clerk
Printed Name
9-27-89 Date
915/687-3551 Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 2 1989

By Paul Kautz
Title Geologist

- 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.

Quechero Plains
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