[redacted]

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION OFFICE	

I.
Operator
Santa Fe Energy Operating Partners, LP

Address
500 W. Illinois, Suite 500, Midland, TX 79701

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]
Other (Please explain)
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Sprinkle Federal	4	~~Quecho Plains Upper~~ Quecho Plains Lower Bone Spring	State, Federal or Fee Federal	NM 40452

Location
Unit Letter F : 2310 Feet From The North Line and 1650 Feet From The West

Line of Section 26 Township 18S Range 32E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 3119, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips ~~Pipeline Company~~ Gas Co.	4001 Penbrook, Odessa, TX 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	26	18S	32E	Yes	5-13-87

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-28-87	2-17-87	9700	9596
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3748.8' GL	Bone Spring	8823 – 8836	8842
Perforations			**Depth Casing Shoe**
8823-8836			9700

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	353	370
11	8 5/8	2810	1050
7 7/8	5 1/2	9700	900

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-14-87	5-14-87	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	0	50	--
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	154	0	104

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

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

Billie Hoot
(Signature)
Sr. Production Clerk
(Title)
5-15-87
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 29 1987, 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.