GTATE OF NEW MEXICO PRENCY AND MINITIALS DEPARTMENT

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LAND OFFICE	_	
TRANSPORTER OIL	 	_
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DPERATOR	!	

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

	LAND OFFICE TRANSPORTER OIL OAS	Al	REQUEST FOR ALLOWABLE AND				
ı.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	Santa Fe Energy Operating Partners, LP						
	500 W. Illinois, Suite 500, Midland, TX 79701						
	Reason(s) for filing (Check proper box) New Well X Change in Transporter al:						
	Recompletion Change in Ownership	OII Dry Ga Casinghead Gas Conder	\text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex				
	If change of ownership give name and address of previous owner	THIS WELL HAS BEEN PLACED I DESIGNATED BELOW, IF YOU DO NOTIFY THIS DEFICE.	N THE POOR NOT CONCUR				
II.	DESCRIPTION OF WELL AND						
	Sprinkle Federal 4 Quechro Platno-Upper Gove Stote, Federal 40452 Location No. Sool Name, Includit formation Later Kind of Lease No. Sool Name, Includit formation Later Kind of Lease No. Sool Name, Includit formation Later Kind of Lease No. Sool Name, Includit formation Later Kind of Lease No. Sool Name, Includit formation Later Kind of Lease No. Sool Name, Includit formation Later Kind of Lease No. Sool Name, Includit formation Later Kind of Lease No. Sool Name, Includit formation Later Kind of Lease No. Sool Name, Includit formation Later Kind of Lease No. Sool Name No. Sool Name, Includit formation Later Kind of Lease No. Sool Name No. Sool						
	Unit Letter F : 2310 Feet From The North Line and 1650 Feet From The West						
	Line of Section 26 Tox	waship 18S Range	32E , NMPM, Lea	County			
'n.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit (X) or Condensate (Address (Give address to which approved copy of this form is to be sent)						
	Permian Corporation Permian (Eff. 9 / 1 / 27 P. Name of Authorized Transporter of Casinghead Cas or Dry Gas Addre		P. O. Box 3119, Midland, TX 79701 Address (Give address to which approved copy of this form is to be sent)				
	Phillips Pipeline Compa	/	4001 Penbrook, Odessa,	•			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 26 18S 32E	Yes	5-13-87			
īv.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool, Oil Well Gas Well					
	Designate Type of Completion	on - (X) X	New Well Workover Deepen	Plug Back Same Resty, Diff, Re-			
	1-28-87	Date Compl. Ready to Prod. 2-17-87	Total Depth 9700	9596			
	Elevations (DF, RKB, RT, GR, etc.) 3748.8' GL	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 8823 - 8836	Tubing Depth 8842			
	Perforations 8823-883	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET		Depth Casing Shoe 9700			
	HOLE SIZE			\$ACVECTUS.			
	17 1/2	13 3/8	353	SACKS CEMENT			
	11	8 5/8	2810	1050			
	7 7/8	5 1/2	9700	900			
٧.	OIL WELL	TDATA AND REQUEST FOR ALLOWABLE WELL Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours) First New Oil Hun To Tanks Date of Test Producing hiethed (Flow, pump, gas lift, etc.) 7-14-87 Pump		•			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24 hrs	0	50				
	Actual Prod. During Test	154	Water-Bbls.	Gas-MCF 104			
,	GAS WELL						
	Actual Pred. Yest-MCF/D	Length of Test	Bbls. Cordensate/MMCF	Gravity of Condensate			
	Teeting Method (pitot, back pr.)	Tubing Pressure (shat-in)	Casing Pressure (Shut-in)	Choke Size			
્ય.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oli Conservation. Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED MAY 2.0 1987					
		BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICE T SUPERVISION					
-	Billie Host			regeeb to belile diwer a for deepen			
(Signature) Sr. Production Clerk		well, this form must be accompanied by a tabulation of the deviations taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo					
:	5-15-87		able on new and recompleted wells. Fill out only Sections 1. II. III. and VI for changes of own				

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