

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain) Test oil for the month of March 1000 bbls

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE			
Lease Name Sprinkle Federal	Well No. 4	Pool Name Bone Spring	Kind of Lease State, Federal or Fee Federal
Location			Lease No. NM 40452
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
N/A			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 26	Twp. 18S
		Rge. 32E	Is gas actually connected? 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	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v.
			Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oil able for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED <u>MAR 26 1987</u> , 19__	
<u>B. Lee Hood</u> (Signature) Sr. Production Clerk (Title)		BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u> DISTRICT I SUPERVISOR	
3-24-87		TITLE _____	
		This form is to be filed in compliance with RULE 100.	
		If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for all wells on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of ownership or other such change of condition.	

RECEIVED
MAR 25 1991
OCCD
HOBBS OFFICE