

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos 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. 30-025-31277
Address 550 W. Texas, Suite 1330, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kachina 5 Federal	Well No. 2	Pool Name, including Formation Corbin Wolfcamp, South	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. LC-062391
Location Unit Letter I : 1980 Feet From The South Line and 660' Feet From The East Line Section 5 Township 18S Range 33E, 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"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) 10 Desta Drive, Suite 627, Midland, TX 79705	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 5
	Twp. 18S	Rge. 33E
	Is gas actually connected? yes	
	When? 9-27-91	

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-9-91	Date Compl. Ready to Prod. 9-8-91		Total Depth 11,500'		P.B.T.D. 11,395'			
Elevations (DF, RKB, RT, GR, etc.) 3987' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 11,211'		Tubing Depth 11,043'			
Perforations 11,211'-11,215'					Depth Casing Shoe 11,492'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"		476'		500 sx C1 C			
12 1/4"	8-5/8"		3047'		900 sx C Lite + 225 sx			
7-7/8"	5-1/2"		11,492'		800 sx C1 H			
	2-7/8"		11,043'					

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 9-8-91	Date of Test 10-4-91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 320	Casing Pressure pkr	Choke Size 23.5/64"
Actual Prod. During Test	Oil - Bbls. 476	Water - Bbls. 5	Gas - MCF 493

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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

Terry McCullough, Sr. Production Clerk

Printed Name

Title

Oct. 9, 1991

915/687-3551

Date

Telephone No.

OIL CONSERVATION DIVISION

001 11 1991

Date Approved

By

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.