

DISTRICT I
O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III
000 Rio Uraos Rd., Aztec, NM 87410

*CORRECTED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Santa Fe Energy Operating Partners, L.P.	Well API No. 30-025-31371
Address 550 W. Texas, Suite 1330, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: 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 8 Federal	Well No. 2	Pool Name, including Formation Corbin Wolfcamp, South	Kind of Lease State, Federal or Fee	Lease No. NM-84731
Location Unit Letter E : 1830 Feet From The North Line and 660 Feet From The West Line Section 8 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"/> * Texaco Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196, Midland, Texas 79711
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 E Sec 8 Twp 18S Rge 33E	Is gas actually connected? No When? Est. 2-7-92

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>	Date Spudded 9-12-91	Date Compl. Ready to Prod. 1-9-92	Total Depth 11,480'	P.D.T.D. * 11,270'
Elevations (DF, RKB, RT, GR, etc.) 3904' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 11,315'	Tubing Depth 11,027'	Depth Casing Shoe 11,480'
Perforations * 11,131'-11,194 (2 JSPF) 61 holes				
TUBING, CASING AND CEMENTING RECORD				
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"	DEPTH SET 422'	SACKS CEMENT 450 sx C1 C	
12-1/4"	8-5/8"	3080'	1300 sx BJ Lite + 200 sx C	
7"	5-1/2"	11,480'	1st: 860 sx H 2nd: 800	
	2-7/8"	11,027'	sx BJ Lite + 410 sx H	

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 1-9-92	Date of Test 1-30-92	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure FTP 330	Casing Pressure pkr	Choke Size 22/64"
Actual Prod. During Test	Oil - Bbls. 455	Water - Bbls. 0	Gas - MCF 392

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prod, 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
Feb. 7, 1992

Date
915/687-3551

Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 11 1992

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.