

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

OIL CONSERVATION DIVISION

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

I.

Operator Santa Fe Energy Operating Partners, L.P.	Well API No. 30-025-31690
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

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE. R-9843

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kachina 5 Federal	Well No. 4	Pool Name, including Formation South Corbin (Wolfcamp)	Kind of Lease State <u>Federal</u> or Fee	Lease No. LC-062391
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>18S</u> Range <u>33E</u> , 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, New Mexico 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 Dr., 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? Dec. 11, 1992

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 8-25-92	Date Compl. Ready to Prod. 12-9-92		Total Depth 11,500'		P.B.T.D. 11,335'			
Elevations (DF, RKB, RT, GR, etc.) 4009' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 11,242'		Tubing Depth 11,262'			
Perforations 11,242'-11,299'					Depth Casing Shoe 11,500'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		460'		475 sx C			
12-1/4	8-5/8		3105'		1700 sx Lite & C			
7-7/8	5-1/2		11,500'		1120 sx C1 H			
	2-7/8		11,262'					

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.)

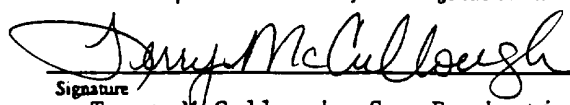
Date First New Oil Run To Tank 11-12-92	Date of Test 12-22-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 80	Casing Pressure 80	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 52	Water - Bbls. 1	Gas - MCF 43

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pvt, 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  
Jan. 4, 1993  
Date  
915/687-3551  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN - 9 1993  
By ORIGINAL SIGNED BY JERRY SEXTON  
REGIONAL SUPERVISOR  
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.

Santa Fe Energy  
Kachina 5 Fed. #4  
Lea County, NM

30-025-31690

1980/N + 1980/E 5-18-33

STATE OF NEW MEXICO  
DEVIATION REPORT

460	3/4	7,447	3-3/4
946	1/2	7,478	3-3/4
1,412	3/4	7,509	3-1/2
1,907	1-1/4	7,539	3-3/4
2,380	1-1/4	7,571	3-1/2
2,873	1-3/4	7,601	3-1/4
3,678	1-1/2	7,694	3-1/4
4,142	1-1/4	7,786	4
4,633	2	7,849	3-1/2
5,155	1-3/4	7,911	3-1/4
5,371	1	8,064	2-1/2
5,843	1	8,312	2-1/4
6,303	2-1/4	8,528	2-1/2
6,733	4	8,715	2-1/4
6,826	4-1/2	8,898	3-1/4
6,858	4-3/4	9,145	3-1/4
6,889	4-1/2	9,300	3-1/4
6,930	4-3/4	9,575	3-1/2
6,961	4-3/4	9,728	3-1/4
6,992	4-3/4	9,885	3-1/4
7,023	4-3/4	10,131	3-1/4
7,055	4-3/4	10,346	2-1/4
7,076	4-1/4	10,800	2
7,107	4-3/4	11,314	2
7,137	4-1/2	11,500	2
7,165	4-1/4		
7,200	4-1/4		
7,231	4-1/4		
7,262	4		
7,292	3-3/4		
7,322	4-1/4		
7,353	4		
7,385	4		
7,416	4		


  
By: Ray Peterson

STATE OF TEXAS

COUNTY OF MIDLAND

The foregoing instrument was acknowledged before me  
this 28th day of September, 1992, by RAY PETERSON  
on behalf of PETERSON DRILLING COMPANY.

My Commission Expires: 8/2/96

  
Notary Public for Midland  
County, Texas



Alice Keel  
Notary Public  
State of Texas  
Commission Expires 8-2-96