- ubrat 5 Corres (propriate Datingt Office <u>DSTP:CT 1</u> CO. BOX 1980; Hobbs, NM 88240 <u>DISTRICT II</u> CO. Drawer DD, Ariesia, NM 88210	Encigy, Minerals and OIL CONSER P.0	CVATI O. Box 2	Resources Department ON DIVISION			Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT III IUW Rio Brazos Rd., Azec, NM 87410 I.	REQUEST FOR ALLO		AND AUTHORIZAT				
Operator Santa Fe Energy Operating Partners, L.P.				Well API No. 30-025-31690			
Address			70701	- <b>-</b>	<u> </u>		
Reason(s) for Filing (Check proper bax) New Well Recompletion Change in Operator If change of operator give name	te 1330, Midland, Change in Transporter Oil Dry Gas Casinghead Gas Condensate	ەر: 2	Request 1000		est Allo	wable	
and address of previous operator						·····	
II. DESCRIPTION OF WELL A Lease Name Kachina 5 Federal	Well No. Pool Name		Formation in Wolfcamp	Kind of State, Fe	deral of Fee	Lesse No. LC-062391	
Location Unit LetterG	:	The Noi	rth_Lipe and1980	Feet	From The	East Line	
Section 5 Township	p 185 Range	33E	, NMPM,		Lea	County	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND	NATUR	AL GAS				
Name of Authorized Transporter of Oil	X or Condensale		Address (Give address to whic				
	Texaco Trading and Transportation Name of Awhonzed Transporter of Casinghead Gas X or Dry Gas			P. O. Box 6196, Midland, Texas 79711 Address (Give address to which approved copy of this form is to be sent)			
Conoco, Inc.	Unit Sec. Twp.	Reel	10 Desta Drive, Is gas actually connected?	Suite		lland, TX 79705	
give location of tanks.	G 5 18S	33E	No				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give	comminglin	ag order aumber:				
Designate Type of Completion		as Well	New Well Workover	Deepen	Plug Back	Same Res'v Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.		Total Depth	I	P.B.T.D.	LLL	
Elevauons (DF, RKB, RT, GR, e.c.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Dep	ւհ	
Perforzuons 11,242-299' and 11,380'-424'					Depth Casing Shoe		
		TUBING, CASING AND				SACKS CEMENT	
HOLE SIZE	CASING & TUBING S		DEPTH SET				
				···			
				<u> </u>			
V. TEST DATA AND REQUI OIL WELL (Test must be ofte	EST FOR ALLOWABLE tr recovery of local volume of local of	oil and musi	s be equal to or exceed top all	owable for th	is depth or be	for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, p.	wmp, gas iýt,	etc.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF		
1	I						
GAS WELL			and the second				
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of	Condensate	
	Length of Test Tubing Pressure (Shut-in)		Bbis. Condensate/MMCF Casing Pressure (Shut-in)		Gravity of Choke Su		
Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIF I hereby certify that the rules and r Division have been complied with	Tubing Pressure (Shui-in) FICATE OF COMPLIA regulations of the Oil Conservation and that the information given abor		Casing Pressure (Shut-in) OIL CO		Choke Su VATION	" I DIVISION	
Actual Prod. Test - MCF/D Testing Method (puot, back pr.) VI. OPERATOR CERTIF I hereby certify that the rules and r Division have been complied with is true and complete to the best of	Tubing Pressure (Shui-in) FICATE OF COMPLIA regulations of the Oil Conservation and that the information given abor		Casing Pressure (Shut-in) OIL CO Date Approv	ed	Choke Su VATION NOV	" I DIVISION	
Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIF I hereby certify that the rules and r Division have been complied with is true and complete to the best of Signature	Tubing Pressure (Shui-in) FICATE OF COMPLIA regulations of the Oil Conservation and that the information given abor	vve 7 V	Casing Pressure (Shut-in) OIL CO	ed	Choke Su VATION NOV	" I DIVISION	

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.

## RECEIVED

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