

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Santa Fe Energy Operating Partners, L.P.		Well API No. 30-025-31735
Address 550 W. Texas, Suite 1330, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> FLARED AFTER 6-1-93 Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> UNLESS AN EXCEPTION TO R-4070 Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> IS OBTAINED.		
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		

Lease Name Watkins 32 State		Well No. 1	Pool Name, including Formation North Lusk Bone Spring	Kind of Lease State, Federal or Fee	Lease No. LG-7655
Location Unit Letter F : 1980 Feet From The North Line and 1650 Feet From The West Line Section 32 Township 18S Range 32E, NMPM, Lea County					

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 F	Sec. 32	Twp. 18S	Rge. 32E	Is gas actually connected? No	When ?	

If this production is commingled with that from any other lease or pool, give commingling order number:

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 10-7-92	Date Compl. Ready to Prod. 3-18-93	Total Depth 12,922'		P.B.T.D. 11,670'					
Elevations (DF, RKB, RT, GR, etc.) 3701.6' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8566'		Tubing Depth 8452'				
Perforations 8566'-8594' (29 holes)				Depth Casing Shoe 12,921'					
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"		13-3/8"		473'		500 sx C1 C			
12-1/4"		8-5/8"		4206'		2900 sx C + C Lite			
7-7/8"		5-1/2"		12,921'		1630 sx H			
		2-7/8"		8452'					

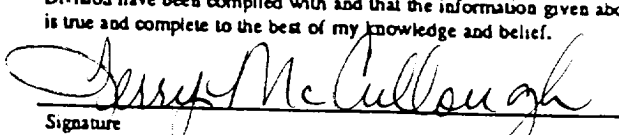
V. TEST DATA AND REQUEST FOR ALLOWABLE

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 2-28-93	Date of Test 3-29-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 80	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 68	Water - Bbls. 53	Gas - MCF 41

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puce, 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
4/6/93
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 12 1993
By ORIGINAL SIGNATURE OF DISTRICT CLERK
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.

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2. The second of the two
3. The third of the two

RECEIVED
APR 04 1961
GEO. HARRIS CO.