

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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, LP		Well API No. 30-025-30478
Address 500 W. Illinois, Suite 500, Midland, TX 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Request testing allowable for Feb. 1000 BBL. Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Well now SI waiting on tank battery.		

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.~~
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shinnery 14 Federal	Well No. 1	Pool Name, including Formation Bone Spring <i>R-8901 4/1/89</i>	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. NM 40452
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>18S</u> Range <u>32E</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"/> Texaco Trading & Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196, Midland, TX 79711					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 14	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-19-88	Date Compl. Ready to Prod. 2-7-89		Total Depth 10,241		P.B.T.D. 9642'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8481		Tubing Depth 8393			
Perforations 8481-8510					Depth Casing Shoe 10,241			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		423		500			
12 1/4	8 5/8		2,745		1400			
7 7/8	5 1/2		10,241		1800			
	2 7/8		8393					

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 2-4-89	Date of Test 2-7-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 50	Casing Pressure	Choke Size 48/64
Actual Prod. During Test	Oil - Bbls. 240	Water - Bbls. 93	Gas - MCF 400

GAS WELL

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

Billie Hood
Signature
Billie Hood, Sr. Production Clerk
Printed Name
2-17-89
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 21 1989**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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.