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

DISTRICT II

Operator

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

P.O. Box 2088

TO TRANSPORT OIL AND NATURAL GAS

P.O. Drawer DD, Artenia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Santa Fe Energy Operating Partners, L.P.						Well API No.				
Address 500 W. Illinois, Suite 500, Midland, Tex Reason(s) for Filing (Check recent by)										
500 W. Illinois,	Suite 50	00, Mi	dlan	d. Tex	as 797(11				
Reason(s) for Filing (Check proper box) New Well						ct (Please expl	ain)			
Recompletion	C	hange in I	ransport [er of:		- V				
Change in Operator	Oil		Dry Gas							
If change of operator give name	Casinghead (Gas 🔲 (Condens	ale 🗌						
and address of previous operator										
II. DESCRIPTION OF WELL	ANDIEAC	: F								
Lease Name	l u		Dool No.							
Shinnery 14 Federal	["	2	rooi Nar	ne, includ	ing Formation	Querech		offerse	L	ease No.
Location			ria	ins Up	per Bone	Spring	State	(Federal)or Fed	e [40452
Unit Letter P	_:330)1	Feet From	m The	South Lin	e and f	560 -	eet From The		
Section 14 Townshi	- 100						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	eet From The.	East	Line
, journali			Range	32E		MPM, I	ea			County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER	OF OH	I. AND	NATTI	DAT CAG					County
•	[77]	Concerc	ale -	TATO	Address (Giv	e address to	List	,		
Texas-New Mexico Pipe	Line Co.		_		Address (Give address to which approved copy of this form is to be sent)					
profile of Authorized Tanaporter of Casing			or Dry G	25	P. O. Box 2528. Hobbs. New Mexico 88241 Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,						- can est 10 M	uch approved	copy of this fo	orm is to be se	nt)
give location of tanks.	Unit Se	c. 7	Twp.	Rge.	le gas actuali	y connected?	When			· · · · · · · · · · · · · · · · · · ·
<u></u>			1		f		1 11162	7-7	- V G	
If this production is commingled with that IV. COMPLETION DATA	from any other i	lease or po	ool, give	commingl	ing order numb	er:			31	
	10	Oil Well			·					
Designate Type of Completion	- (X)	OII MEII	Ga	s Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compi. i	Ready to P	bod.		Total Depth	<u></u>	<u> </u>			
		,			rom Deput			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	ucing For	mation		77 - 27: -					
					LOP OIVGES I	-2γ				
Perforations			114000		Top Oil/Gas I	-ay		Tubing Dept	h	
Perforations					Top Oil/Gas I	-yay				
Perforations								Tubing Dept		
	TUI	BING, C	CASING	G AND			D			
Perforations HOLE SIZE	TUI		CASING	G AND	CEMENTIN	NG RECOR	D	Depth Casing	g Shoe	INT
	TUI	BING, C	CASING	G AND	CEMENTIN	NG RECOR	D	Depth Casing		NT
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	TUI	BING, C	CASING	G AND	CEMENTIN	NG RECOR	D	Depth Casing	g Shoe	NT
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HOLE SIZE V. TEST DATA AND REQUES	TUI CASIN T FOR ALI	BING, C	CASINO BING SIZ	and muss	CEMENTIN	NG RECOR DEPTH SET	wable for this	Depth Casing	g Shoe	
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

March 2, 1990

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915/687-3551

Telephone No.

- 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.