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

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

Operator

Santa Fe, New Mexico 87504-2088

	Operating Partners, L.P.									30-025-30570					
Address 500 W. Illinois,	Suite !	500. M	iidl:	and. T	'ex	as 797(	)1								
Reason(s) for Filing (Check proper box)		, <u>, .</u>						ase expla	ain)						
New Well		Change is	Trans	sporter of:		~"	,		Appr			casinghe			
Recompletion	Oil		Gas [	this well					must be	e obtained	from t	he			
Change in Operator	Casinghea	d Gas	, ř	densate	ī				BURE	AU 0	F LAND A	MANAGEME	NT (BLM)	i	
change of operator give name			, ~~~		<u></u>										
ad address of previous operator				<del></del>											
I. DESCRIPTION OF WELL A	AND LEA		T		A ==								·		
Tool Nati											Lease	I	ease No.		
Shinnery 14 Federal		3	Qu	echer	o I	lains -	Bone	Spr:	ing Su	ate, Fe	derallor Fe	e NM-	40452		
Location															
Unit LetterJ	:1	980	_ Feat	From The	_5	South Lin	e and	198	0	Feet	From The	East	Li	ne	
Section 14 Township	18	S	Rang	ge 32	2E	, N	мрм.	1.0	ea				County		
II DESIGNATION OF TO AN	CDOD TOTAL	n 05 0									·		County		
II. DESIGNATION OF TRANS  Name of Authorized Transporter of Oil		OF Conde		אא מאי.	I'U		e add	ess to wi	hich arms	۔ ادمین	any of this	form is to be s			
Texaco Trading & Trans	Y								, Midl				ent)		
Name of Authorized Transporter of Casinghead Gas or Dry G												79711			
	Of Dity Oats					Address (Give address to which approved					opy of this f	orm is to be s	eni)		
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp	-	lge.	Is gas actually connected? When ?									
this production is commingled with that f	J from env oth	14	188			<u> </u>	L								
V. COMPLETION DATA	HOIH ADY OU	et legge Of	poot,	Arve count	ungl	ing order num	Der:		···						
	***	Oil Wel	1 1	Gas Wel	_	New Well	11/-		1 2	<u> </u>	N	10 -	· ·		
Designate Type of Completion	- (X)	I X	•    -	OES WELL	•	X	I WO	rkover	Deepe	<b>u</b>	riug Back	Same Res'v	Diff Res	٧	
Date Spudded	Date Comp		o Prod	Prod		Total Depth	<u> </u>		<u></u>		D T T	<u></u>			
4-5-89	· ·				1					P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	6-17-89 Name of Producing Formation					9500 <sup>1</sup> Top Oil/Gas Pay					9367				
						*					Tubing Depth				
3806' GR Bone Spring Perforations						l8478 <b>'</b>					8559 Depth Casing Shoe				
8478-8504' (30 holes	3)									j'	cepun Casir	ig 2006			
350 . (30 Motes	<del></del>	TIRING	CAS	SING AN	<u>T</u>	CEMENT	NC: T	ECOP	<u> </u>						
HOLE SIZE	TUBING, CASING AND										645:25				
17 1/2	CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT				
17 1/2	13 3/8"					444'					500 sx C1 C				
	8 5/8"					2727'					1550 sx 65/35 Poz & C				
7 7/8	5 1/2"				94891					1600 sx Pacesetter					
. TEST DATA AND REQUEST FOR ALLOWABLE						<u></u>					Lite & 50/50 Poz H				
_												_			
Tale First New Oil Rus To Tank	covery of total volume of load oil and must b					De equal to of	be equal to or exceed top allowable for this depth or be for full 24 hours.)								
6-16-89						Producing Method (Flow, pump, gas lift, et					.)				
	6-17-89					Pumping									
ength of Test	Tubing Pre	Tubing Pressure					Casing Pressure					Choke Size			
24 hrs						28									
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.					Gas- MCF				
	59	59					21					72			
GAS WELL												·			
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF					Gravity of Condensate				
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					Choke Size					
and a seem for the miles						Cooling 1 seeming (MIMI-III)					CHOCK SIZE				
T ODED ATOD CEDTIFIC	ATEO	COL	DT 7 4	NOTE		<u> </u>			<del></del> ,						
I. OPERATOR CERTIFIC						(	ווכ	CON	ISEP	۸/۸	TION	DIVISIO	ואר		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above							<b>→</b> 1 fm	JU11	-CEN	<b>∀</b>		DI 8 191	אוע		
is true and complete to the best of my knowledge and belief.						1111 0 4000									
Signature Signature						Date Approved JUL 3 1989									
						By Orig. Signed by Paul Kautz									
Terry McCullough, S	Sr. Pro	ductio	on C	lerk		, _					nlogiet				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

6-29-89

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

Title

Geologist

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

915/687-3551 Telephone No.

Title

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

JUL 3 \*\*\* 1989 OCD HOBBS OFFICE