

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. 30-025-30643
Address 500 W. Illinois, Suite 500, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Request to move 1300 barrels of test oil.		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shinnery 14 Federal	Well No. 4	Pool Name, Including Formation Quechero Plains Upper Bone Spring	Kind of Lease State, (Federal) or Fee	Lease No. NM-40452
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line Section 14 Township 18S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texaco Trading & Transportation, Inc.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Conoco, Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, TX 77252
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 14
	Twp. 18S	Rge. 32E
	Is gas actually connected? Yes	When? 8-22-89
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-22-89	Date Compl. Ready to Prod. 8-21-89	Total Depth 8750'		P.B.T.D. 8648'				
Elevations (DF, RKB, RT, GR, etc.) 3812.7' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 8412'		Tubing Depth 8308'				
Perforations 8412-8490' (18 holes)				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	415'	500 sx C (circ)
12 1/4"	8 5/8"	2723'	1200 sx lite & 300 sx H
7 7/8"	5 1/2"	8740'	1st 175 sx lite & 475 sx H 2nd 475 sx lite & 200 sx H

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 8-19-89	Date of Test 8-22-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 250 FTP	Casing Pressure --	Choke Size 23/64
Actual Prod. During Test	Oil - Bbls. 342	Water - Bbls. 89 BLW	Gas - MCF 385

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.

Signature Terry McCullough, Sr. Production Clerk	
Printed Name	Title
8-23-89	915/687-3551
Date	Telephone No.

OIL CONSERVATION DIVISION
AUG 25 1989

Date Approved
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.

Journal of Management Education 30(6)

2001年10月28日 星期日

442.21

AUG 24 1993
OCD
HOBBS OFFICE