

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

## OIL CONSERVATION DIVISION

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, L.P.		Well API No. 30-025-30704
Address 500 W. Illinois, Suite 500, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Sharp Shooter 2 State	Well No. 2	Pool Name, Including Formation North Young Bone Spring	Kind of Lease (State) Federal or Fee	Lease No.
Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>2</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 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 H	Sec. 2	Twp. 18S	Rge. 32E	Is gas actually connected? Yes	When? 12-23-89

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 11-7-89	Date Compl. Ready to Prod. 12-22-89		Total Depth 9322'		P.B.T.D. 8985'			
Elevations (DF, RKB, RT, GR, etc.) 3899' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8308'		Tubing Depth 8448'			
Perforations 8308'-8402' (1 JSPF) 95 holes					Depth Casing Shoe 9322'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13-3/8		416'		500 sx "C"			
12 1/4	8-5/8		2742'		1900 sx 35/65 poz + 250 sx			
7-7/8	5-1/2		9322'		1st: 600 sx "H"			
	2-7/8		8448'		2nd: 500 sx PGL + 450 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 12-18-89	Date of Test 12-25-89	Producing Method (Flow, pump, gas lift, etc.) Pumping - 1-1/4" Insert pump	
Length of Test 22 hrs	Tubing Pressure -	Casing Pressure 35	Choke Size -
Actual Prod. During Test	Oil - Bbls. 129	Water - Bbls. 45	Gas - MCF 206

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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  
Printed Name Terry McCullough, Sr. Production Clerk  
Date 1-8-90 Telephone No. 915/687-3551

### OIL CONSERVATION DIVISION

Date Approved JAN 19 1990  
By CRISTINA L. GARCIA BY JERRY SEXTON  
District 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 multiv completed wells