## Submit 5 Copies Appropriate District Office DISTRICT 1 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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	PORTO	L AND NA	TURAL G	ZATION AS			
TO TRANSPORT OIL AND NATURAL GAS  Operator  Well								API No.		
Santa Fe Energy Operating Partners, L.P.								30-025-30719		
1	Ci to	E00 34							<u> </u>	<del></del>
Reason(s) for Filing (Check proper box)	Surce	300, M	1d La	ind, Te						
New Well										
decompletion U Oil Dry Gas C Request 000 Bb1. Test Allowable										
Change in Operator Casinghead Gas Condensate Condensate										
If change of operator give name and address of previous operator							-		<u> </u>	····
II. DESCRIPTION OF WELL AND LEASE										
Shinnery 14 Federal 5					ing Formation upper Kind of State (State)			Federal or Fee No.		
Location					ie spring			NM 40452		
Unit LetterH	. 23	10	Foot E	imm The	North Li		660 E		T7 •	
1.				TOIL THE	LI	e and	F-	et From The	East	Line
Section 14 Townshi	p 18	<u>S</u>	Range	32E	, N	МРМ,		Lea		County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil										
Texaco Trading and Transportation					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas					P.O. Box 6196, Midland, Texas 79711  Address (Give address to which approved copy of this form is to be sent)					-4
Conoco, Inc.	· · · · · · · · · · · · · · · · · · ·				10 Des	sta Drive	Suite	627 M	**************************************	TX 79705
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actual	y connected?	When	?	orano,	<u>1'X_/9/05</u>
				S 32E	Yes 12-14-89					
IV. COMPLETION DATA	nom any ou	er lease or j	pool, gi	ive comming	ling order num	iber:				
		Oil Well		Gas Well	New Well	1 32/-	· -			
Designate Type of Completion	- (X)		i	Oas Well	I HEM MEII	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	.I	L	P.B.T.D.	<u> </u>	<u> </u>
Elevations (DE DED DE CD								1.5.1.5.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations										
8660'-8694'								Depth Casing	3 Shoe	
	CEMENTI	NG RECOR	<u> </u>	<u> </u>						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET	<u> </u>	SACKS CEMENT		
								SACRS CEMENT		
	<b> </b>									
	ļ	<del></del>								
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLE		<u> </u>	<del></del>	<del></del>			
OIL WELL (Test must be after re	covery of to	al volume o	of load	oil and must	be equal to or	exceed top allo	wahle for this	donth on by C	6 !! 34 !	
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  Date of Test  Producing Method (Flow, pump, gas lift, etc.)										5.)
oth of Text										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water Dhie					
	On - Bois.				Water - Bbls.			Gas- MCF		
GAS WELL						<del></del>				
Actual Prod Test - MCE/D						Bbls. Condensate/MMCF				
					Boil Coldenials/MIMICF			Gravity of Condensate		
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
	-									
VI. OPERATOR CERTIFICA	ATE OF	COMPI	LIAN	ICE						
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								DEC	2 0 198	9
A MA AM					Date Approved					
Dry Ilch	War	$\mathcal{K}$								
Terry McCullough, Sr. Production Clerk  By Orig. Signed by Paul Kautz										
Terry McCullough, Sr. Production Clerk					1			Paul K	autz	

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

Printed Name

Date

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

Geologist

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

Title

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.

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