

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

I.

Operator Santa Fe Energy Operating Partners, L.P.		Well API No. 30-025-30732
Address 500 W. Illinois, Suite 500, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) 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"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Uncle Sam 13 Federal	Well No. 1	Pool Name, Including Formation West Corbin Delaware	Kind of Lease State, Federal or Fee	Lease No. NM 0392867
Location Unit Letter <u>H/B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>13</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 Texaco Trading and Transportation Co.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6196, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13	Twp. 18S	Rge. 32E	Is gas actually connected? No	When ?

If this production is commingled with oil 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 11-26-89	Date Compl. Ready to Prod. 2-5-90		Total Depth 8816'		P.B.T.D. 8550'			
Elevations (DF, RKB, RT, GR, etc.) 3848.6' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 4970'		Tubing Depth N/A			
Perforations 4970'-5002' (62 holes)					Depth Casing Shoe 8816'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8-5/8"		418'		475 sx C1 "C"			
7-7/8"	5-1/2"		8816'		1250 sx "H" (1st stage)			
		No tubing in hole				1080 sx PSL + 525 sx C1 "H" (2nd stage)		

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 2-5-90	Date of Test 2-10-90	Producing Method (Flow, pump, gas lift, etc.) Flowing thru 5-1/2" casing	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure FCP 373	Choke Size 8.5/64
Actual Prod. During Test	Oil - Bbls. 119	Water - Bbls. 0	Gas - MCF 53

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
Feb. 14, 1990
Date
915/687-3551
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 19 1990

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.