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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

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

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

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. 30-025-30837
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"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Uncle Sam 13B Federal	Well No. 1	Pool Name, Including Formation West Corbin Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-40450
Location Unit Letter C : 785 Feet From The North Line and 1980 Feet From The West Line Section 13 Township 18S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texaco Trading and Transportation	<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, Texas 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) 10 Desta Drive, Suite 627, Midland, TX 79705
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 13
	Twp. 18S	Rge. 32E
	Is gas actually connected? Yes	
	When? 8-16-90	

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 6-9-90	Date Compl. Ready to Prod. 8-2-90	Total Depth 5300'		P.B.T.D. 5263'				
Elevations (DF, RKB, RT, GR, etc.) 3848.6' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 4990'		Tubing Depth 5042'				
Performances 4990'-5020' (52 holes)					Depth Casing Shoe 5300'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		447'		315 sx C1 C			
7-7/8"	5-1/2"		5300'		1225 sx 65/35 C1 C +			
					200 sx C1 C			

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 8-2-90	Date of Test 8-13-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure 40	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 208	Water - Bbls. 120	Gas - MCF 200

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
Aug. 22, 1990
Date
915/687-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 27 1990

By

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.