

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Enc

State of New Mexico
Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Kio Urazos Rd., Aztec, NM 87410

REQUEST
TC

FOR ALLOWABLE AND AUTHORIZATION
TRANSPORT OIL AND NATURAL GAS

I. Operator
Santa Fe Energy Operating
Address
550 W. Texas, Suite 1330
Reason(s) for Filing (Check proper box)
New Well ☐ C
Recompletion ☐ Oil
Change in Operator ☐ Casinghead C
If change of operator give name
and address of previous operator

Partners, L.P. Well API No.
30-025-30897
Midland, Texas 79701
☒ Other (Please explain)
Request to move 300 Bbls Test Oil
in Transporter of:
☐ Dry Gas ☐
☐ Condensate ☐

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Young North 7 Federal
Location
Unit Letter G : 2310
Section 7 Township 18S

Pool Name, including Formation
Young, Und. Delaware, N.M.
Kind of Lease
State, Federal or Fee
Lease No.
NM-40449
Feet From The North Line and 1650 Feet From The East Line
Range 32E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER

Name of Authorized Transporter of Oil ☒
Texaco Trading and Transport
Name of Authorized Transporter of Casinghead Gas
If well produces oil or liquids,
give location of tanks. Unit
G

OIL AND NATURAL GAS

Condensate ☐
on P. O. Box 6196, Midland, TX 79711
or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
Twp. Rge. Is gas actually connected? When?
18S 32E No
or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)
Date Spudded Date Comp
Elevations (DF, RKB, RT, GR, etc.) Name of Pr
Perforations
HOLE SIZE CAS

Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
ty to Prod.	Total Depth	P.B.T.D.					
ig Formation	Top Oil/Gas Pay	Tubing Depth					
		Depth Casing Shoe					

NG, CASING AND CEMENTING RECORD
& TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR A
OIL WELL (Test must be after recovery of ic

Date First New Oil Run To Tank Date of Te
Length of Test Tubing Pr
Actual Prod. During Test Oil - Bbls

ALLOWABLE

Volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
Producing Method (Flow, pump, gas lift, etc.)
Casing Pressure Choke Size
Water - Bbls Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D Length of
Testing Method (pilot, back pr.) Tubing Pr

Bbls Condensate/MMCF Gravity of Condensate
(Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF

I hereby certify that the rules and regulations of the
Division have been complied with and that the info
is true and complete to the best of my knowledge.

Signature
Terry McCullough, Sr. Pr
Printed Name
April 2, 1991 915
Date

COMPLIANCE

Conservation
on given above
lieft.

Signature
Position Clerk
Title
7-3551
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title

INSTRUCTIONS: This form is to be

- 1) Request for allowable for newly dr
with Rule 111.
- 2) All sections of this form must be f
- 3) Fill out only Sections I, II, III, and
- 4) Separate Form C-104 must be filed

d in compliance with Rule 1104

or deepened well must be accompanied by tabulation of deviation tests taken in accordance

out for allowable on new and recompleted wells.

for changes of operator, well name or number, transporter, or other such changes.
each pool in multiply completed wells.