

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. 30-025-30997
Address 550 W. Texas, Suite 1330, 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 13C Federal	Well No. 1	Pool Name, Including Formation West Corbin Delaware	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM-81958
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East 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 <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 A Sec. 13 Twp. 18S Rge. 32E	Is gas actually connected? No	When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-24-90	Date Compl. Ready to Prod. 12-22-90		Total Depth 5300'		P.B.T.D. 5258'			
Elevations (DF, RKB, RT, GR, etc.) 3839' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 4970'		Tubing Depth 4944'			
Perforations 4970'-4998' (56 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		428'		300 sx C1 C			
7-7/8"	5-1/2		5300'		1075 sx C lite + 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 12-17-90	Date of Test 12-30-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure pkc	Casing Pressure 50	Choke Size n/A
Actual Prod. During Test	Oil - Bbls. 171	Water - Bbls. 8	Gas - MCF 81

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	Gravity of Condensate
Testing Method (pucc, 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

Title

Date
Jan. 2, 1991

Telephone No.
915/687-3551

OIL CONSERVATION DIVISION

Date Approved _____

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.

Santa Fe Energy *Operating Partners, L.P.*
 Uncle Sam 13C Fed #1

664/NE

13-18-32

STATE OF NEW MEXICO
 DEVIATION REPORT

426	1/4
901	3/4
1398	3/4
2391	3/4
2890	1
3274	3/4
3768	1
4053	1 1/2
4417	1
4889	1 1/4



By: Ray Peterson

STATE OF TEXAS }

COUNTY OF MIDLAND }

The foregoing instrument was acknowledged before me this 7th day of
December, 19 90, by Ray Peterson on behalf of
Peterson Drilling Company.



Notary Public for Midland County,
 Texas

My Commission expires: 8-2-92