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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  
Bottom of Page

OIL CONSERVATION DIVISION

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

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SEP 28 1989

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Santa Fe Energy Operating Partners, L.P.	Well API No. 30-025-30495
Address 500 W. Illinois, Suite 500, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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 Bilbrey 28 Federal	Well No. 1	Pool Name, including Formation Bilbrey Morrow	Kind of Lease State (Federal) or Fee	Lease No. NM-58938
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 28 Township 21S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Company	P. O. Box 1188, Houston, TX 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	9-19-89

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 11-16-88	Date Compl. Ready to Prod. 3-20-89		Total Depth 14,834'		P.B.T.D. 14,720'			
Elevations (DF, RKB, RT, GR, etc.) 3681' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 14,629'		Tubing Depth 13,766'			
Perforations 14,629-14,639', 4 JSPF, 40 holes					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8" 48#	650'	425 sx Prem.+ & 250 sx C1 C
12 1/4	9 5/8" 40#	4660'	2775 sx Lite & 200 sx C1 C
8 1/2	7" 29# & 26#	12084	1700 sx Premium/poz
6"	4 1/2" liner	11475-14826	555 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 5482	Length of Test 4 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 4750	Casing Pressure (Shut-in)	Choke Size Variable

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  
9-22-89  
Date  
915/687-3551  
Telephone No.

OIL CONSERVATION DIVISION

SEP 28 1989

Date Approved \_\_\_\_\_  
ORIGINAL SIGNED BY JERRY SEXTON  
By \_\_\_\_\_  
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.

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