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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, Antenia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>1. </u>	1	OTRA	NSP	ORT OIL	. AND NA	TURAL GA	AS					
Operator F. F. F.	perator TO THANGE ON TOLE AND NATION							Well API No.				
Santa Fe Energy Operating Partners, L.P.								30-025-30	0-025-30664			
500 W. Illinois,	Suite 5	00_ м	idla	nd. Tev	as 7970	11						
Reason(s) for Filing (Check proper box)				na, rex		et (Please expla	ain)					
New Well		Change in	Transpe	orter of:	_	•	•					
Recompletion U Oil Dry Gas Request 200 Bbl. Condensate Allowable										ıb1e		
If change of operator give name	Casinghead	Cas	Conde	nsate		 .						
and address of previous operator					······································	 						
II. DESCRIPTION OF WELL												
Lease Name Bilbrey 28A Federal Well No. Pool Name, Includi Und. Bilb								d of Lease	L	ease No.		
Location	rey Morrow			State (Federal) or Fee NM-6302								
Unit Letter K	:198	30	Feet F	rom The _S	outh Lin	and198	30	Feet From The	West	Line		
Section 28 Township 21S Range 32E						, NMPM,			Lea County			
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conder	asale	XX.	Address (Giv			ed copy of this for				
Lantern Petroleum Corporation						P. O. Box 2281, Midland, Texas 79702						
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Rge.	Is gas actually connected? When ?										
give location of tanks.	K	28	<u> 218</u>	<u> 1 32E</u>	Y	es	i	9-19	-89			
If this production is commingled with that in IV. COMPLETION DATA	from any other	er lease or	pool, gi	ive comming	ing order num	ber:						
Designate Type of Completion	- 00	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v		
Date Spudded		Ready to	n Provi		Total Depth	<u></u>	<u> </u>			_L		
Date Spudded Date Compl. Ready to Prod.								P.B.T.D.	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth	Tubing Depth			
Perforations						····		Depth Casing	Depth Casing Shoe			
	———	LIRING	CASI	ING AND	CEMENTI	NG PECON						
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								3.13.13 SERIETY				
·	 											
					 			_				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		1			<u> </u>				
OIL WELL (Test must be after r.	ecovery of tol	al volume	of load	oil and must					r full 24 hou	σs.)		
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lyt, etc.)						
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
GAS WELL	 				·							
Actual Prod. Test - MCF/D	Length of T	esi			Bbis. Conder	ENE/MMCF		Gravity of Co	ndensale			
Tanka Marka Marka	<u></u>											
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE								
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my h	mar me intou	mauon giv d belief.	EB SDOV	re			•	API	R 02	1990		
$\sim 1.1 n$	10	1			Date	Approve	ed		- J 16	1000		
Serred McCin	llou	gh	·		D	,						
Signature // McCullough, S	Sr. Prod	duction	on C1	erk	By_	ر د د د	Calable 1	GNED BY JER	1 Y 05 V 71	231		
Printed Name			Title		Title			icy i suplievi		JA V		
<u>March 29, 1990</u>	915/6	587-35		No.	'''''					<u> </u>		
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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.