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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		<b>5</b> a	nta Fe	e, New Me	exico 8750	4-2088					
						AUTHORIZ					
I. Operator	·	TOTRA	NSP	ORT OIL	AND NA	<b>FURAL GA</b>	<u>s</u>				
	i			/eli API No.							
Santa Fe Energy Operating Partners, L.P. Address					· · · · · · · · · · · · · · · · · · ·	30-			-025-30664		
500 W. Illinois,	Suite	500. M	1412	nd Tev	as 7970	11					
Reason(s) for Filing (Check proper box)		300, 11		ild, ICA		ct (Please expla	ún)		<del> </del>		
New Well		Change in	Transp	orter of:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			Ì	
Recompletion	Oil		Dry C	ias 🗆							
Change in Operator	Casinghea	id Cas 🔲	Conde	ensate 🗌							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	ANDIE	V GE.				<del></del>				<del></del>	
Lease Name	MIND LE		Pool	Name, Includi	ng Formation		Kind o	Kind of Lease No.			
Bilbrey 28A Federal				orey Mor	row		Federal or Fee	NM 6			
Location		<del></del> ,	<del></del>						1 111 0	3020	
Unit LetterK	- : <sup>]</sup>	1980	. Feet 1	From The	South Lin	e and1	980 Fe	et From The	West	Line	
Section 28 Township	<b>. 2</b> .	ls	D	. 32E			Lea	_			
Towasa Towasa		<del></del>	Rang	5211	, Ni	мрм,	rea			County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conde	sale			e address to wi	hich approved	copy of this for	m is to be ser	u)	
Name of Authorized Transporter of Casing	ohead C		a- P		A 44 1=:			<del></del>	<del></del>		
Transwestern Pipeline		\	וע זס	y Gas 💢	No.			copy of this for		1	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rec	Is gas actual	V connected?	Housto When	n. Texas	//251-	1188	
give location of tanks.	K	28	21:		Yes		When	1 2-2-90			
If this production is commingled with that	from any of	her lease or	pool, g		ling order num			<u>&amp;</u> `	-2-90		
IV. COMPLETION DATA					·. <del>- · · · · · · · · · · · · · · · · · · </del>					<del></del>	
Designate Type of Completion	<b>.</b> (20	Oil Wel	۱ <u>۱</u>	Gas Well	New Well	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Date Spudded	<u> </u>	nl Pandu t		X	X Total Depth	<u> </u>	<u> </u>				
10-2-89	Date Compl. Ready to Prod.  2-2-90				Total Depth	•			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				14,800' Top Oil/Gas Pay			Tubing Death			
3682.7' GR	1	Morrow				14,279'			Tubing Depth		
Perforations	<del>-1</del>					4.4.7		Depth Casing	14,210 Shoe	<u>'</u>	
14,279'-14,498'	(141 ho	les)									
	CEMENTI	NG RECOR	LD								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET	·	SACKS CEMENT				
124"		13-3/8" 9-5/8"			626'			700 sx C1. C			
81/2"		7"			4650'			3400 sx lite & 1200 sx			
6"	4-1/2" (liner)			12,097' 11,552'-14,800'			1650 sx 50/50 POZ 450 sx Premium				
7 1/2 (IIIEI)					3/8" Tub	ing at 1	/ 210!	1 450 sx	Premium	J	
OIL WELL (Test must be after t					be equal to o	r exceed top all	owable for this	depth or be fo	r full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of T					lethod (Flow, p			······································		
I and of Total								1 <del>2</del>			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF			
		<del></del>									
GAS WELL					*,			1			
Actual Prod. Test - MCF/D	Length of	Test		<del></del>	Bbls. Conde	□ Lie/MMCF		Gravity of Co	odensale		
CAOF 2.860 MMCFD		, 5	brs			0					
Testing Method (pitot, back pr.)		ressur (Sni	r-m)		Casing Press	icine (Shut-in)		Choke Size			
Back press.	1	4933 ———			1				variabl	<u>e</u>	
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE		011 001	1055	A TION			
I hereby certify that the rules and regulations of the Oii Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					FEB 1 9 1990						
	C. C. Sige	Juliet.			Date	⇒ Approve	ed				
Berry IVC Cullough										-	
Signature ()						ORI		NEO BY JER		N	
Terry McCullough, Sr. Production Clerk						DISTRICT I SUPERVISOR					
Printed Name	0	1607 5	Title		Title			•			
2/16/90 Date	915	/687-35	551 ephone	No				<del></del>		·	
		1 61			1.5						

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.