Submit 5 Conies 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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

					AND NAT		117.11	אוס או			
Santa Fe Energy O	peratin	g Par	rtner	rs, L.P.			Well Al	71 No. 30-025-3	2138		
Santa Fe Energy Operating Partners, L.P.						<del></del>					
550 W. Texas, Sui	te 1330	), Mic	lland	d, Texas							
on(s) for Filing (Check proper box)	_		_	_	X Other	(Please expla	in)				
Well		hange in			Req	uest 150	O Bbl Te	est Allo	wable		
mpressu ==	Oil		Dry Ga	_	•	Na	: IGG	7			
GC TO Character	Casinghead G	28t	Conde			IVIN	/ 17.7	<u> </u>		<del></del>	
nge of operator give name ddress of previous operator											
DESCRIPTION OF WELL A	ND LEAS	E									
we Name histle Unit 33 State	W	Veli No. 1	Pool N Wi	<b>lame, includin</b> 1dcat (I	<b>g Formation</b> Delaware	)		Lease Federal or Fee	1 -	2787	
tion C	. 790			rom The No	orth		780 _ Fee	et From The	West	Line	
Unit Letter	:		_ rea r	rom the	71 U.S. 1186	and		21101111110			
Section 33 Township	235		Range	331	E , NN	IPM,	Lea	a	<del>,</del>	County	
DESIGNATION OF TRANS	SPORTER	OF O	IL AN	ND NATUE	RAL GAS						
ne of Authorized Transporter of Oil		r Conder			Address (Giw		hich approved			u)	
exaco Trading and Tra		tion			P. O. B	ox 6196,	, Midlan	d, Texas	3 79711		
ne of Authorized Transporter of Casing	head Gas		or Dry	y Gas 🗀	Address (Giv	e address to w	hich approved	copy of thus f	orm is to be se	ru)	
II	Unit S		Twp.	Rge.	Is gas actually	v connected?	When	?			
veli produces oil or liquids, location of tanks.		Unit   Sec.		33E	N	i					
is production is commingled with that fi					ng order numi	per.					
COMPLETION DATA							_,			·	
Delivery Trees of Completion		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		Ready t	o Provi		Total Depth	l	L	P.B.T.D.	J		
e Spudded	Date Compi.	ate Compi. Ready to Prod.				Total Dopin					
vations (DF, RKB, RT, GR, etc.) Name of Froducing Formation					Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe			
forations								Depth Cash	ng Shoe		
								I			
				IDIO AND	CEL CELET	NC RECO					
				SING AND	CEMENTI				SACKS CEM	ENT	
HOLE SIZE		UBING			CEMENTI	NG RECOI			SACKS CEM	ENT	
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HOLE SIZE					CEMENTI				SACKS CEM	ENT	
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TEST DATA AND REQUES L WELL (Test must be after t	CAS ST FOR A	LLOW	VABL	S SIZE	be equal to o	DEPTH SE	· · · · · · · · · · · · · · · · · · ·	is depth or be	e for full 24 hou		
TEST DATA AND REQUES	CAS ST FOR A	LLOW	VABL	S SIZE	be equal to o	r exceed top at	llowable for sh	is depth or be	e for full 24 hou		
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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.