BTATE OF NEW MEXICO

RERGY AND MINERALS DEPARTMENT ** ** 10**** ******* 010 1 A 16 OF 10H -F 11. 8 V 4.0.4. LAND OFFICE TRAMEPURTER PERSTON

OIL CONSERVATION DIVISION P. O. HOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE SANTA FE ENERGY OPERATING PARTNERS, L.P. SUITE 500 MIDLAND, TEXAS 79701 500 W. ILLINOIS Other (Please explain) Reason(s) for liling (Check proper box) New Well Dry Gos OIL Recompletion Condensate Change In Ownership Caninghead Gas If change of ownership give name SANTA FE ENERGY COMPANY 500 W. ILLINOIS, SUITE 500, MIDLAND, TEXAS 79701 Legas No II. DESCRIPTION OF WELL AND LEASE Kind of Lease ell No. Pool Name, Including Formation State, Federal or Fee Federal 032579(e Langlie-Mattix Carlson A Location Feet From The South Line and 1650 Feel From The East 990 Range 37E , NMPM, 25S Township II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Nome of Authorized Transporter of Cil X Box 1910, Midland, TX 79702
Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Company
Name of Authorized Transporter of Casinghead Gas X or Dry Gas P. O. Box 1492, Is gas actually connected? El Paso, TX 79978 El Paso Natural Gas Company Twp. Rge. Sec. If well produces oil or liquids, <u>N/</u>A 25S Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Re: Deepen Workover Plug Back Gas Well New Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Tubing Depth Name of Producing Formation Top Oil/Gas Pay Elevations (DF. RIB. RT. GR. etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top ail V. TEST DATA AND REQUEST FOR ALLOWABLE able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oll Run To Tonks Choke Size Cosing Pressure Tubing Preseure Length of Test Gas - MCF Water - Bble. Oil-Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bble. Condensate/MMCF Actual Prod. Tool-MCF/D

Choke Size Casing Pressue (Shut-in) Tubing Presews (Shut-La) Teeting Method (pitot, back pr.)

1. CERTIFICATE OF COMPLIANCE

JUNE, 20,

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.

•		•
f.	Bill aland	•
	Willie Hood	
SR.	PRODUCTION CLERK	
	Title	

1986

DIL CONSERVATION DIVISION

1485 APPROVED.

ORIGINAL SIGNED BY JERRY SEX NON DISTRICT 4 SUPERVISOR TITLE _.

This form to to be filed in compliance with nut E 1100.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a labulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all-able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditi

		!	
DISTRIBUTION			
SANTA FE		<u> </u>	<u> </u>
FILE			
U.S.G.S.			<u> </u>
LAND OFFICE			
[RANSPORTER	OIL	<u> </u>	
	GAS		
OPERATOR			<u> </u>
PROPATION OFFICE		<u></u>	<u> </u>
Operator			

Production Superintendent

(Date)

April 17, 1979

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

OIL				
FRANSPORTER GAS				
OPERATOR				
PROPATION OFFICE				
Santa Fe Energy Co	omn anv			
Santa re theigy Co	Japany			
P. O. Box 12058, A	Amarillo, TX 79101			
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)		
New Well	Oil X Dry Gas	Correction of t	transporter name &	
Recompletion Change in Ownership	Casinghead Gas Condens	——————————————————————————————————————	·	
change of ownership give name nd address of previous owner	Oil Development Compa	any of Texas, P. O. Box	12058, Amarillo, TX 7910	
ESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.	
Carlson A	2 Langlie-Mattix	State, Federa	ler Fee Fed LC032579(
Location				
Unit Letter 0 : 990	Feet From The South Line	and 1650 Feet From 7	rhe East	
	org - 3	77E NUDY	Lea County	
Line of Section 22 Tow	mship 25S Range	37E , NMPM,		
CONTRACTOR OF TRANSPORT	ER OF OIL AND NATURAL GAS	5		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro-	ved copy of this form is to be sent)	
Shell Pipeline Company	<u>.</u>	Box 1910, Midland, TX 7	79702	
Name of Authorized Transporter of Cas	inghead Gas XX or Dry Gas	Address (Give address to which appro-		
El Paso Natural Gas Com	·P	P.O. Box 1492, El Paso, Is gas actually connected?		
If well produces oil or liquids,	0	Yes	NA	
give location of tanks.	1 - 1		•	
f this production is commingled wit	h that from any other lease or pool, g	give commingling order number.		
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion	n = (X)		P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.5.	
	Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing 1 ormation			
Perforations	J	•	Depth Casing Shoe	
	TUBING, CASING, AND		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CLIMENT	
• •				
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil	l and must be equal to or exceed top allow	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas l		
Date First New Oil Run To Tanks	Date of Test	Producing Mathod (1.10m, pamp)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	I doing Pressure		·	
Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCF	
Actual P.Dd. During 1-01				
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bata, Colinaacto, Mino.		
	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	'min's transma (nume-ma)			
	CF	OIL CONSERV	ATION COMMISSION	
CERTIFICATE OF COMPLIAN		APR	18 1979	
I haveby certify that the rules and	regulations of the Oil Conservation			
Commission have been complied	with and that the information given e best of my knowledge and belief.	BY Jerry Sc	State - W	
above is true and complete to th	e book or my mineral grand and a second	What I.	ा Supri-	
		TITI F D131 23		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

40. OF COPIES FEC		i	
DISTRIBUTION			
SANTA FE			L
FILE			
U.S.G.S.		Ĺ	<u> </u>
LAND OFFICE			
IRANSPORTER	OIL		
I HANSPURIER	G A S		
OPERATOR			
PRORATION OFFICE		<u> </u>	ļ
Cicergias			

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE					:			•
TRANSPORTER	OIL GAS	-						
OPERATOR	GA3							
PRORATION OFF	ICE			 				
Operator								
Santa F				70101				
P. O. B Reason(s) for filing (Check prope	58, Am	narillo, TX	79101	Other (Please	explain)		
New Well			Change in Tran		<u></u>			
Recomplation	닏		Oil Casinghead Ga	Dry Gas Condens	Maine Cita	ange of cor	mpany	
Change in Ownership	Ϋ́			<u> </u>				
If change of ownersh and address of previ	hip give na ious owner	ime	Oil Devel	lopment Compa	any of Texas, I	0. Box	12058, Amaril	10, TX 79101
DESCRIPTION OF	F WELL	AND LE	LWell No.: Pool	Name, Including Fo	rmation	Kind of Lease		Lease No.
Lease Name	•		1 1	nglie-Mattix	·	State, Federal	or Fee Fed	LC032579(C)
Carlson A							Fost	
Unit Letter	0;_	990	Feet From The	South Line	and 1650	Feet From Ti	he East	
Line of Section	22	Towns	ship 25S	Range	37E , NMPN	4, <u>L</u>	ea	County
				SNATUDAL GAL	2			
DESIGNATION OF	F TRANS	of Oil X	or Conder	.34.19	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			s to be sent)
Shell Oil Co	mpany				Box 20329, Hou Address (Give address	ston, Texa	S 77025 ed copy of this form i	s to be sent)
Name of Authorized	Transporter			or Dry Gas	P.O. Box 1492,			
El Paso Natu			Jnit Sec.	Twp. Pge.	Is gas actually connec	ted? Whe	n	
If well produces oil give location of tank	s.	!	P 22	25S 37E	Yes		NA	<u> </u>
If this production is	comming	ed with	that from any ot	her lease or pool,	give commingling orde	er number:	•	
. COMPLETION D.	ATA		Oil We		New Well Workover		Plug Back Same I	Res'v. Diff. Res'v.
Designate Typ	pe of Com			1			P.B.T.D.	
Date Spudded		1	Date Compl. Ready	to Prod.	Total Depth		1.5.7.5.	
Elevations (DF, RKI	B, RT, GR,	etc.j	Name of Producing	Formation	Top Oll/Gas Pay		Tubing Depth	
							Depth Casing Shoe	
Perforations								
			TUB	NG, CASING, AND	CEMENTING RECO	RD	SACKS	EMENT
HOLE	SIZE		CASING &	TUBING SIZE	DEPTH	581		
							<u> </u>	
·					fter recovery of total vo	1 - Alandoil	and must be equal to	or exceed top allow-
TEST DATA AN	D REQUE	EST FO	R ALLOWABL	(Test must be a able for this deleter)	enth of bailof full 44 no:	<i>u 3)</i>		
OIL WELL Date First New Oil	Run To Ta	nks	Date of Test		Producing Method (FI	ow, pump, gas li	(fi, eic.)	
					Casing Pressure		Choke Size	•
Length of Test	-		Tubing Pressure					
Actual Prod. During	Ç Test		Oil-Bbls.		Water-Bbls.	`	Gas-MCF	
								
- 40 XIVEZ X							Gravity of Conden	
GAS WELL Actual Prod. Test	-MCF/D		Length of Test		Bbls. Condensate/Mi	MCF	Gravity of Conden	,34,0
			Tubing Pressure	shut-in l	Casing Pressure (Sh	ut-in)	Choke Size	
Testing Method (pr	itot, back pi	· <i>)</i>	I maning 1 to so a co					
I. CERTIFICATE	OF COM	PLIANC	CE		OIL	_ CONSERV	ATION COMMIS	31UN
					APPROVED	UVII E No.	J 1313	, 19
I hereby certify t	hat the rul	es and r	egulations of the vith and that the	information giver			Signed by	
I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY						
Original Signad By Welker		TITLE			DIU F 1104.			
Original Signification of Melker Anthony J. Welker				compliance with i				
		·	ature)		well, this form n	nust be accomp	ordance with RUL	E 111.
Petrol	eum Eng		•		tests taken on t	of this form	nust be filled out c	ompletely for allow-
			ile)		able on new and	1 19COmbraces		of owner.
Januar	ry 19,		ate)		Fill out on well name or nu			change of conditions ich pool in multiply

well name or number, or transporter or other such constant Separate Forms C-104 must be filed for each pool in multiply completed wells.