

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICE DESIGATED		
SPECIALIZATION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

SANTA FE ENERGY OPERATING PARTNERS, L.P.

Address

500 W. ILLINOIS , SUITE 500 , MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Recompletion

Oil

Dry Gas

Change In Ownership ☒

Coalinghead Gas ☐

Condensate ☐

If change of ownership give name

and address of previous owner SANTA FE ENERGY COMPANY 500 W. ILLINOIS SUITE 500, MIDLAND, TEXAS 79701

DESCRIPTION OF WELL AND LEASE

Lease Name Carlson B-25	Well No. 5	Pool Name, Including Formation Justis Blinebry	Kind of Lease State, Federal or Fee Federal	Lease No. LC 032579(e)
Location Unit Letter <u>0</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>South</u> Line of Section <u>25</u> Township <u>25S</u> Range <u>37E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipeline Company					Box 1018, Eunice, NM 88231	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	25	25S	37E	Yes	N/A

If this production is commingled with that from any other lease or pool, give commingling order number: PC-552

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oil available for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

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.

SR. PRODUCTION CLERK

(Title)

JUNE, 20, 1986

OIL CONSERVATION DIVISION

APPROVED SEP 3 1986, 19

BY _____ ORIGINAL SIGNED BY JERRY SEXTON
TITLE _____ DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviator logs 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
name, or number, or transporter, or other such change of condition.

RECEIVED
JUN 25 1989
OFFICE
OF THE
ATTORNEY GENERAL