DISTRIBUTION SANTA FE FILE U.S.G.S.	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G				Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE					
Santa Fe Energy	Company		·		
Address P. O. Box 12058.	Amarillo, TX 79101				
Reason(s) for filing (Check proper bo: New Well	x) Change in Transporter of:		Other (Please	explain)	
Recompletion Change in Control A	Oil Casinghead Gas	Dry Gas Condent	- Name cha	inge of co	npany
If change of ownership give name and address of previous owner	Oil Development	Comp	any of Texas, P	<b>.</b> O. Box	12058, Amarillo, TX 7910
DESCRIPTION OF WELL AND	Vell No.; Pool Name, Incl	uding Fo	rmation	Kind of Lease	Lease No.
Carlson B-26	3 Langlie-M	attix		State, Federal	<u>or Fee Fed I</u> C032579(e)
	510 Feet From The East	Line	and <u>1650</u>	Feet From T	he South
Line of Section 26 To	ownship 25S Ran	:ge	37Е , ммрм	, Lea	County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATUR	AL GA	S Address (Give address )	to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Of Western Oil Transporte	ation Company, Inc.		Box 838, Hobbs,	New Mexi	co 88240
Name of Authorized Transporter of Co El Paso Natural Gas Co	asinghead GasXX or Dry Gas		Address (Give address) P.O. Box 1492,		ed copy of this form is to be sent) Texas 79978
If well produces oil or liquids,	Unit Sec. Twp. F	Rge. 37E	Is gas actually connect Yes		
give location of tanks.	<u></u>			number:	
COMPLETION DATA	Oil Well Gas	Well	New Well Workover	Deepen	Plug Back   Same Res'v.   Diff. Res'v.
Designate Type of Completi	Date Compl. Ready to Prod.		Total Depth	I	Þ.B.T.D.
Date Spudded					Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oll/Gas Pay		
Perforations	- <u> </u>			<b>۵</b>	Depth Casing Shot
			CEMENTING RECOR		SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZ	ZE	DEFINS	C 1	
			} 		· · · · · · · · · · · · · · · · · · ·
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test minister able for	ust be aj r this de	p:h or be for full 24 hour.	s)	ind must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flo:	v, pump, zas lif	t, etc.)
Longth of Tost	Tubing Pressure		Casing Pressure		Choke Size
Actual Prod. During Test	Oll-Bbla.		Water-Bbls.	······································	Gas-MCF
			<u> </u>	<u></u>	
GAS WELL	Length of Teat		Bbls. Condensate/MMC	F	Gravity of Condensate
Testing Mothed (pitot, back pr.)	Tubing Pressure (Shut-in)	<u></u>	Casing Pressure (Shut	;-in)	Choke Size
Testing Merica (prior, back priy					
CERTIFICATE OF COMPLIA			OIL		TION COMMISSION
I hereby certify that the rules and Commission have been complied above is true and complete to t	with and that the information	n given	BY	Orig. Sign	ad by
Original Signed By Anthony J. Welker			TITLE		
Petroleum Enginee		<u></u>	All sections of able on new and r	f this form mu	st be filled out completely for allow-
(Title) January 19, 1979 (Date)			Fill out only	Sectiona I, Il er, or transport	I. III, and VI for changes of owner, ter, or other such change of condition.
· · · ·			Separate For complated wells.	na C-104 mus	t be filed for each pool in multiply