

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PROMOTION OFFICE	

Operator  
**SANTA FE ENERGY OPERATING PARTNERS, L.P.**  
Address  
**500 W. ILLINOIS, SUITE 500, MIDLAND, TEXAS 79701**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner **SANTA FE ENERGY COMPANY 500 W. ILLINOIS, SUITE 500, MIDLAND, TEXAS 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Carlson B-26</b>	Well No. <b>6</b>	Pool Name, including Formation <b>Justis Blinebry</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC 032579(e)</b>
Location Unit Letter <b>P</b> : <b>330</b> Feet From The <b>East</b> Line and <b>990</b> Feet From The <b>South</b> Line of Section <b>26</b> Township <b>25S</b> Range <b>37E</b> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1018, Eunice, NM 88231</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492, El Paso, TX 79978</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>26</b>	Twp. <b>25S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>N/A</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able 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 (prior, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

VI. 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.

Billie Hood  
(Signature)  
**SR. PRODUCTION CLERK**  
(Title)  
**JUNE, 20, 1986**  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 2 1986, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 110.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 condition.  
This form must be filed for each pool in multi-

RECEIVED  
JUN 25 1986  
OFFICE  
HOBBS OFFICE