

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-111
Effective 1-1-83

Operator Southern Union Exploration Company	
Address 1217 Main Street, Suite 400, Texas Federal Bldg, Dallas, Texas 75202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Operator's name & address change
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Supron Energy Corporation, 10300 N. Central Expressway, Bldg. V 5th FL Dallas, Texas 75231

DESCRIPTION OF WELL AND LEASE			
Lease Name Jicarilla "K"	Well No. 15E	Pool Name, including Formation Basin Dakota & Bell PC	Kind of Lease State, Federal or Fee
Lease No.			
Location			
Unit Letter A	1095	Feet From The North	790
Line of Section 1		Township 25N	Range 5W
		NMPM,	Rio Arriba
			County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Gas Company of New Mexico		1st International Bldg., Dallas, TX 75202	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Pge.
		Is gas actually connected?	When

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well
	Gas Well
	New Well
	Workover
	Deepen
	Plug Back
	Same Res't.
	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.
	Total Depth
	P.B.T.D.
Elevations (DF, RKB, 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 allowable 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 WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size



I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ronald M. Lentz
(Signature)
Drilling & Production Engineer
(Title)
July 30, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 6 - 1981

BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TITLE _____

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 transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool to maintain