Submit 5 Cooles
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

> , Sain 410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL CAS

1,		<u>TO TRA</u>	NSPORT (	OIL AND N	ATURAL C	SAS					
Operator Southern Union Exp					Well API No.						
Address											
324 Hwy US64, NBU30		rmingto	n, NM 87	401							
Reason(s) for Filing (Check proper box) New Well	1	Channa in i	T	o	ther (Please exp	olain)					
Recompletion	Oil		Transporter of: Dry Gas	7							
Change in Operator	Casinghea	_	Condensate K	⊒ ¥							
If change of operator give name			Conscious fr	<u> </u>				<del></del>			
and address of previous operator II. DESCRIPTION OF WELI	. AND LEA	SE		<u> </u>		<del></del>			· · · · · · · · · · · · · · · · · · ·		
Lease Name	AND LEA		Pool Name, Inc.	luding Formation		V:-	d of Lance	<del></del> ;			
Jicarilla K	o Mesa Ve			nd of Lease No.  16, Federal or Fee Contract 145							
Location  Unit Latter M	9.0	20	· · · · · · · · · · · · · · · · · · ·	***				100112	140		
Unit Letter		901	Feet From The	South L	ne and	990	Feet From The _	Wes	tLine		
Section 2 Townsh	iip 25	1	Range	5 , <b>N</b>	імрм,	Rio Arr	iba		County		
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTE	R OF OIL	AND NAT								
	L	or Condensa	XXX				ed copy of this for	m is to be s	ent)		
Giant Refining Comp Name of Authorized Transporter of Casir	Post Office Box 256 Farmington, NM 87499										
	or Dry Gas XXX	Address (Give address to which appro			ed copy of this form is to be sent)						
Gas Company of New Mexico XX  [well produces oil or liquids, Unit Sec. Twp.							Bloomfield, NM 87413				
ive location of tanks.			wp.   Kg	e. Is gas actual	y connected?	Whe	n 7				
this production is commingled with that V. COMPLETION DATA	from any othe	r lease or po	ol, give commi	ngling order num	ber:	<u>-</u>					
Designate Type of Completion	- (Y)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Compl.	Ready to P	rod.	Total Depth	<u></u>	<u> </u>	P.B.T.D.	· · · · · · · · · · · · · · · · · · ·	<u> L</u>		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			T 01/2								
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Old Oas Fay			Tubing Depth			
erforations					Depth Casing Shoe						
	717	IRING C	ASING AND	CEMENTII	NC BECOD	<u> </u>	<u> </u>				
HOLE SIZE			CEMENTI		<u>υ</u>	7					
	CASING & TUBING SIZE			<del></del>	DEPTH SET			SACKS CEMENT			
							<del> </del>	100	1		
					<del></del>		0 10 1991	1	<u>g</u>		
TEST DATA AND REQUES  IL WELL  (Test must be after re								- 42: 5	-		
IL WELL (Test must be after real ate First New Oil Run To Tank	Date of Test	VOIME Of I	oda ou ana mu	Producing Me	thod (Flow mu	wabje jor thi	s depth or be for	full 24 hour.	s.)		
		···			Producing Method (Flow, pump, gas tiff;			etc.)			
ength of Test	Tubing Pressure			Casing Pressu	Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.			Water - Bbis.	Water - Bbls.			Gas- MCF			
AS WELL	l		· · · · · · · · · · · · · · · · · · ·				<u>                                     </u>				
ctual Prod. Test - MCF/D	Length of Tes	nt .		Bbis. Condens	ate/MMCF		Gravity of Conc	encate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressur	Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF C	'OMDI I	ANCE	1			J	·			
I hereby certify that the rules and regula					IL CON	SERV	ATION DI	VISIO	M		
Division have been complied with and that the information given above				OIL CONSERVATION DIVISION							
is true and complete to the best of my ki	nowledge and b	pelief.		Data	Annes:	, n	EC 23	1991			
$\mathcal{U}$ , $\mathcal{A}$		,		Date	Approved		/	7~-			
Signature Junia My				By Frank J. Java							
Linda/ Murphy	Office	Superv	isor	-		سه رس	×	<del></del>			
Printed Name Title 1/1/92 505/327-4481				Title SUPERVISOR DISTRICT 49 2							
Date	202/32/	Telephon	a No								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- ') All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes. Separate Form C-104 must be filed for each pool in multiply completed wells.