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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

- Too No Diazos Rui, 12200, 1111 07 110					AUTHORI						
I. Operator	TO	TRAN	SPORT OIL	_ AND N	ATURAL GA		API No.				
Southern Union Expl	oration Co	พกลกข				,,,en,,	11110.				
Address Southern Onton Expt	OTALION GO	mpatry									
324 Hwy US64, NBU30	01 Farmi	ngton	, NM 8740)1							
Reason(s) for Filing (Check proper box)		<u></u>	•		ther (Please explo	zin)					
New Well	Cha	nge in Tr	ansporter of:								
Recompletion	Oil	☐ D ₁	ry Gas								
Change in Operator	Casinghead Gas	s 🔲 Co	ondensate 🔯								
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL			al Nama Includ	Formation	<u> </u>	Kind	Lease	1	ase No.		
Lease Name Jicarilla E	Well No. Pool Name, Including 7 Blanco 1						Federalor Fee Contract 104				
Location						l					
Unit Letter P	. 790	t-	et From The S	outh 1	ine and 790)·	et From The	East	Line		
Omit Letter		re	a rivii iiic		ine and	1	ct i iom inc				
Section 15 Townsh	ip 26	Ra	inge 4	, 1	NMPM, Rio	Arriba			County		
					_						
III. DESIGNATION OF TRAIN				RAL GAS	S	iah anna ana	cons of this f	m ie to ba	n()		
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Giant Refining Company XXX Name of Authorized Transporter of Casinghead Gas or Dry Gas				Post Office Box 256 Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)							
•	_	or		,		• •					
Gas Company of New If well produces oil or liquids,	Mexico Unit S∞.	TV	Vp. XXX		fice Box ally connected?	1899 When		LU, INTI	01417		
give location of tanks.	1 1		.h. I v.Re.	- 5 EC.U.	,						
f this production is commingled with that	from any other lea	ise or poo	I, give comming	ing order nu	mber:						
IV. COMPLETION DATA		1		•							
		Well	Gas Well	New Wel	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completion	- (X)		i	j	1	Ĺl			<u> </u>		
Date Spudded	Date Compl. Res	ady to Pro	xd.	Total Depth	Total Depth			P.B.T.D.			
				 							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Fo			ation	Top Oil/Gas Pay			Tubing Depth				
Parlossings								Depth Casing Shoe			
Perforations							Expir Casing	onov			
	77101	NC C	CINC AND	CEMENT	ING DECOR	<u> </u>	<u> </u>				
				D CEMENTING RECORD DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE						ONONO VENIGITI				
	-						l				
		-,							····		
	1			-							
V. TEST DATA AND REQUE	ST FOR ALLO	OWAB	LE								
OIL WELL (Test must be after t	recovery of total vo	dume of le	oad oil and must	be equal to o	or exceed top allo	nable for Hij	depth on be for	full 24 hour.	s.)		
Date First New Oil Run To Tank	Date of Test				Method (Flow, pu						
					. <u></u> ,	_1111_	Kan ta Paris (* * *	331			
Length of Test	Tubing Pressure			Casing Pres	sure		Othoke Size	, v.	í		
						······································	71:6 177		:		
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	5.	0	Gat MCF	0			
				L			1 / 10 3000	0			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	ensate/MMCF		Gravity of Cor	idensate			
				j							
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
				l							
VI. OPERATOR CERTIFIC	ATE OF CO	MPLI	ANCE					0.40.0			
I hereby certify that the rules and regul]]	OIL CON	SERVA	ATION D	IVISIO	N		
Division have been complied with and							1000	A 4			
is true and complete to the best of my				Dati	e Approved	1 DE	ZAR	91			
-V 1 82	_				5. 10 10 10 10 10 10 10 10 10 10 10 10 10	,	-				
(Kunda ())	woh			D	85%	d. J.		/			
Signature Linda Murphy	Office S	uperu	isor	∥ By ₋	٠, رن		X	<i></i>			
Linda Murphy Printed Name	OTRICE 2	Tit			SI	PERVISO	R DISTRIC	T#3			
1/1/92	505/327-			Title	9	J : L: (4 1 0 C					
Date		Telepho	ne 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.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.