

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator	
Southern Union Exploration Company	
Address	
P. O. Box 2179 Farmington, NM 87499	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Jicarilla "E"	8	Blanco Mesa Verde	State, Federal or Fee Federal
Location			Lease No.
Unit Letter C ; 1190 Feet From The North Line and 1480 Feet From The West			104
Line of Section 15 Township 26N Range 4W , NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
The Mancos Corporation	P. O. Box 1320 Farmington, NM 87499		
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	P. O. Box 1899 Bloomfield, NM 87413		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.

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

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
Date First New Oil Run To Tanks	Date of Test
Length of Test	Producing Method (Flow, Pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Water-Bbls
	Choke Size

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Bbls. Condensate/MMCF
	Gravity of Condensate
	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Mar 11 1987 (Signature)	
Drilling & Production Supt. (Title)	
Sept. 21, 1987 (Date)	
OIL CONSERVATION DIVISION	
APPROVED SEP 23 1987	
BY [Signature]	
TITLE SUPERVISION DISTRICT # 3	
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.	