Submit 5 Copies
Appropriate District Office
DISTRICT 1
F.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., Aztec, NM 87410

DISTRICE II P.O. Drawer DD, Artesia, NM 88210

ALLOWARIE AND ALITHORIZATION

l	T	O TRA	INSPC	HIOL	AND NA	TURAL GA	45 	AFI No.			
Operator			1701	All No.							
Southern Union Explo	ration	Compa	ny								
Address											
324 Hwy US64, NBU300	l Far	mingt	on, N	м 8740.	<u> </u>						
Reason(s) for Filing (Check proper box)					U Othe	r (Please explo	ain)				
New Well	•	~	Transpor							Ì	
Recompletion \Box	Oil		Dry Gas							Ì	
Change in Operator	Casinghead	Gas [Condens	ate XX							
I change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL A	IND LEA	SE									
Lease Name	Well No. Pool Name, Includi							Kind of Lease State Federal or Fee Contract 105			
Jicarilla A	10 Basin				Dakota			State Federal de Fee Contract 105			
Location			,			-					
Unit LetterO	. 10	080	Feet Em	m The S	outh Line	and 1	750	Feet From The _	East	Line	
Unit Letter	•		_ 1 ca 110	The							
Section 23 Township	26		Range 4		, N	MPM, Rio	Arriba	a		County	
Section 23 Township											
III. DESIGNATION OF TRANS	SPORTEI	R OF O	IL ANI	NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Conde		XX	Address (Giv			ed copy of this for		1	
Giant Refining Compa	ny		'	LA.AJ	Post Off	ice Box	256 F	farmington	, NM 87	499	
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
Gas Company of New M	Post Office Box 1899 Bloomfield, NM 87413										
If well produces oil or liquids,	Sec.	Twp.	Rge.				en 7				
give location of tanks.	Unit !		i	i			l				
If this production is commingled with that f	mm any othe	r lease or	pool. giv	e commingl	ing order num	ber:					
IV. COMPLETION DATA	.0		1	Ū	J						
IV. COMI BEHON BATA		Oil Wel	u I c	las Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resv	
Designate Type of Completion	- (X)	1	"	, , , , , , , , , , , , , , , , , , , ,	1	1	i i	i i		ii	
	Date Compl. Ready to Prod.			Total Depth Top Oil/Gas Pay			P.B.T.D.				
Date Spudded	Date Compi. Ready to Flori.							1			
DE DE DE CD	N of The Ausine Compation						Tubing Depti	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
5-7	L				l			Depth Casing	Shoe		
Perforations											
		IDING	CACI	IC AND	CEMENTI	NG RECOR	RD.				
	TUBING, CASING AND				DEPTH SET			S	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEI III DEI						
					ļ						
	ļ										
V. TEST DATA AND REQUES	ST FOR A	rrrow	ARLE				llamable for	this death or he f	or full 24 ho	urs.)	
OIL WELL (Test must be after r	ecovery of to	tal volum	e of load o	oil and musi	be equal to o	r exceed top at	iowanie joi	(alc.)	(n juli 21 no		
Date First New Oil Run To Tank	Date of Te	st.			Producing N	lethod (Flow, p	pump, gas iy	μ, εισ.			
					Casing Press			Choke Size	Choke Size		
Length of Test	Tubing Pre	Tubing Pressure				aire		Choke Size	Chique Chique		
						- 100	Gas- MCF				
Actual Prod. During Test	est Oil - Bbls.				Water - Bbls.			Gas- MCr	Gas- MCr		
CARWELL	_1								•		
GAS WELL Actual Frod. Test - MCF/D					Bbls. Conde	nsate/MMCF		Gravity of C	Gravity of Condensate		
Actual Frod. 1est - MC17D					2.000				. 11		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.)											
				100	-\						
VI. OPERATOR CERTIFIC				NCE	li .	OIL CO	NSFR	VATION	DIVISI	NC	
I hereby certify that the rules and regu	lations of the	Oil Cons	ervation		H		, , , ,				
Division have been complied with and	that the info	rmation g	iven abov	e							
is true and complete to the best of my	knowledge a	na beilet.			Dat	e Approv	ed	De 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\wedge		
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Junda 1 - 11	1004		<u> </u>		∥ By.		Sina	mk). CS	swe_		
Signature	X				Dy-	-			$\overline{\Lambda}$		
Linda Murphy /	UITic	e Sup	ervis Title	υĽ			÷ ,				
Printed Name	505	327-4			Title				-		
1/1/92	/כטכ	7 <u>-12</u> T	elephone l	No.	11						
Date					JL				The second second second	Market Bank Order and a	

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.