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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., Aztec, NM 87410

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

REQUEST FOR ALLOWARI F AND AUTHORIZATION

-	TOTE		PORT OIL	AND NA	TURAL G	AS	•				
Operator	TO TRANSPORT OIL A						ell API	PI No.			
Southern Union Explo	ration Com	2017									
	Tation comp	Jany									
Address 324 Hwy US64, NBU300	1 Farmino	rton	NM 8740	1							
Reason(s) for Filing (Check proper box)	T Larming	50011	111 07 10	Oth	cs (Please expi	lain)					
New Well	Change	in Trans	porter of:	_							
Recompletion		Dry (	- [-1								
Change in Operator	Casinghead Gas										
If change of operator give name	Casang, see (										
and address of previous operator											
u prechiption of Well	ANDIFACE										
II. DESCRIPTION OF WELL A	Well N	lo Pool	Name, Includi	ng Formation		Ki	ind of	-ease	1 1	Lease No.	
Lease Name	11		se Gallup			State Federal or Fee Contract 10			ract 105		
Jicarilla A			WIIGHOI	SC Carr	<u>up</u>	. <del> </del>					
Location	. 1550	_	50	uth	1 مید.	650	Cont	Emm The	East	Line	
Unit LetterJ	.:	Fect	From The 30	ucn un	e and	330	. 1	i ioiti iiic .			
• · · 1/ T	26	Dane	ge 4	N	мрм.	Pio Ai	rrib	2	_	County	
Section 14 Township	26	Kany	<u> </u>			N.LUA		<u>a                                     </u>			
III. DESIGNATION OF TRANS	SPORTER OF	OII. A	ND NATII	RAL GAS							
Name of Authorized Transporter of Oil	or Con	densate	XX	Address (Gin	e address to w	hich appro	ved co	py of this f	orm is to be	sent)	
Giant Refining Compa	ice Box	ce Box 256 Farmington, NM 87499									
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)						sent)				
					Post Office Box 1899 Bloomfield, NM 87413 Is gas actually connected? When ?						
give location of tanks.	1	i	i		•	Ì					
If this production is commingled with that f	mm any other lease	or roof	give commingl	ing order num	ber:						
IV. COMPLETION DATA	ioni any odier icase	or poor,	Bive comming.		•						
IV. COMPLETION DATA	loit w	Vall	Gas Well	New Well	Workover	Deepe	n I	Plug Back	Same Res'v	Diff Res v	
Designate Type of Completion -		1	Oas Well	110 <i>m</i> 110m	1	i '	i	Ū	İ	i 1	
	Date Compl. Read	v to Prod		Total Depth	·			B.T.D.			
Date Spudded	Date Compi. Read	, 10 1 104	•								
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
				'	•						
N				l	······		— ī	Depth Casir	g Shoe		
Perforations								•			
	TUBIN	C CAS	SING AND	CEMENTI	NG RECO	RD					
					DEPTH SET		7 11	b., 4	SÁCKS CE	MENT	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEI III OE	₩ <i>₩</i>	<del>- t</del>	11.	1 68	1	
				ļ		<del>                                     </del>			<del> </del>	3.5	
							Ed:	10231991.			
	   FERTON ALLO	WANT	TC	l		O		10	NV I		
V. TEST DATA AND REQUES	I FUR ALLU	WADL	E.	La annal ta an	arcaed top al	lauable fa	r thind	entrorbe	for full 24 h	ours:)	
OIL WELL (Test must be after re		me oj lod	a ou ana musi	Deschioles M	ethod (Flow, p	nomin eas	in ele	3 6 C	,···,		
Date First New Oil Run To Tank	Date of Test			Producing iv	ediod (1 1041)	, a, p, g	<b>J.,</b> 5.5.	,			
								Choke Size			
Length of Test	Tubing Pressure			Casing Pressure				Choice Else			
				5			;	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCI			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			7	Gravity of Condensate			
Actual Flod. Test - Melib	Deligation 1999										
eting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				hoke Size			
Testing Method (pitot, back pr.)	Tobing Treasure (c				,		1				
	L			\r							
VI. OPERATOR CERTIFIC	ATE OF CON	MPLIA	INCE	11		NSEE	AV/	NOIT	DIVISI	ION	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					Deta Approved DEC 22 189						
is true and complete to the best of my knowledge and belief.					Approvi	<u>ed</u>		~~~~	104/3		
$\psi$ $f$ $f$ $f$					7701						
Lenda Burky				1 Du Stranke Save							
Signature				By S. Manger . Carty							
Linda Murphy / Office Supervisor					- 31	PERVI	SOR	DISTER	) <b>*</b> #3		
Printed Name	EOE /227	Title	7	Title							
1/1/92	505/327-	4481 Telephon	e No								
Date		reichinu	. 170.	11							

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.