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Appropriate District Office
DISTRICT I
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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	-	TO TRA	٩NS	PORT OIL	. AND NA	TL	IRAL G	AS								
Operator									Well /	.FI No.						
Southern Union Explo	ration	Compa	ny						<u> </u>							
Address 324 Hwy US64, NBU300	)1 Fai	rmingt	on,	NM 8740								av .				
Reason(x) for Filing (Check proper box)			-		☐ Off	ier (	l'lease expl	ain)								
New Well	Oil	Change in	1	sporter of:												
Change in Operator	Casinghead	ب ا مون ا	_ ′	densate 🔯												
If change of operator give name	Casilgilea	u Gas	CON	densate KX				<del></del>								
and address of previous operator																
II. DESCRIPTION OF WELL	AND LEA	<b>\SE</b>														
Lease Name						Kind of Lease Lease No.										
Jicarilla A		12		Wildho	orse Gallup					State Federal or Fee Conti			act .	105		
Location D		850	_	N	Jorth		. 8	50		. = 71		Uest				
Unit Letter	- :. <u> </u>		_ Feet	From The	Tion Lin	orth Line and 850 Feet From The West Line										
Section 24 Township	26		Ran	ge 4	, N	MPI	M, Ri	o_A	rriba				Coun	ity		
III. DESIGNATION OF TRAN	SPORTE	R OF O		ND NATU	RAL GAS				<del></del>		<del></del> .					
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)															
Giant Refining Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						Post Office Box 256 Fa  Address (Give address to which approved)										
Gas Company of New M	Try Gas AX	1														
If well produces oil or liquids,	Sec.	Twp	Rge.					99 Bloomfield, NM 87413   When 7								
give location of tanks.	Unit								<u></u>							
f this production is commingled with that f	rom any oth	er lease or	pool,	give commingl	ing order num	ber:										
IV. COMPLETION DATA		Oil Wel		Gas Well	New Well	W	orkover	D	еереп	Plug Back	Sam	e Res'v	Fiff Re	es'v		
Designate Type of Completion	- (X)		i		İ	i		i			i		i			
Date Spudded	Date Comp	I. Ready to	Prod	l.	Total Depth					P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay					Tubing Depth					
Ferforations										Depth Casii	ng Sho	œ				
		URING	CA	SING AND	CEMENTI	NG	RECOR	<u>וֹ</u>		1			<del></del>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						DEPTH SET						SACKS CEMENT				
THOSE SIZE				1 1												
											14.4.					
			· 													
V. TEST DATA AND REQUES								17	ا مناه بندی د	ي د المحالات	i. Can fii	11 24 have	- 1			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		oj lod	id oil and musi	Producing M						jor ju	II Z4 ROW.	5.)			
Date the New Oil Rutt to Tank	Date of 1es	a.			r roducing ivi	¢u10	a (1 104, pi	<b>2</b> /4∕, 8	as 1911 c.							
Length of Test	Tubing Pres	Casing Pressure					Choke Size									
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.					Gas- MCF					
	<u> </u>				<u> </u>								<del></del>			
GAS WELL					,		·									
Actual Prod. Test - MCF/D	MCF/D Length of Test					Bbls. Condensate/MMCF					Gravity of Condensate					
esting Method (pitot, back pr.)  Tubing Pressure (			t-in)		Casing Pressure (Shut-in)					Choke Size						
lesting Method (pitot, back pr.)  Tubing Pressure (Shut-in)						Ceoung a resource (Smarth)										
VI. OPERATOR CERTIFIC	ATE OF	COMI	LI/	NCE			001	IOF	יטט	TION	DI	//СІС	N.I			
I hereby certify that the rules and regula		OIL CONSERVATION DIVISION														
Division have been complied with and t																
is true and complete to the best of my k	Date Approved															
Vinde Buch						1 Srank J. C.										
Signature Hard						By										
Linda Murphy Office Supervisor																
Printed Name 1/1/92	ENE /	197 <i>L.</i>	Title	:	Title		<u> </u>									
1/1/92 Date	ر ردن د	327-44 Tele	bpoue 8 T	e No.												
					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.