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Appropriate District Office
DISTRICT J
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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		<u>TO TRA</u>	NSPC	ORT OIL	<u> AND NA</u>	TURAL G		. FI 11		1		
Operator							Well /	API No.				
Southern Union Explo	ration	Compar	ıy									
Address 324 Hwy US64, NBU300	l Fai	rmingto	on, N	——— м 8740	1							
Reason(s) for Filing (Check proper box)			-			er (Please expl	ain)					
New Well		Change in	Transpor	ter of:								
Recompletion	Oil		Dry Gas									
Change in Operator	Casinghead		-	sate XX								
If change of operator give name	- Carlogio		-							<u>, </u>		
and address of previous operator												
II. DESCRIPTION OF WELL	ANDIFA	GE TO										
Lease Name	AIND DEC	Well No.	Pool Na	me Includi	ing Formation		Kind	of Lease,	l L	ease No.		
Jicarilla D	1 1				Mesa Verde s			tale Federal or Fee Contract 100				
Location	I	+ 2	·				l,					
Unit Letter A	. 91	.5	Feet Fre	vm The	North Lin	e and 86	50 Fe	et From The _	East	Line		
Om tener												
Section 32 Township	, 26		Range	3	, NI	MPM, Ri	io Arrib	a		County		
III. DESIGNATION OF TRANS	CDODTE	D OF O	T A NIT	NATI	DAL GAS							
Name of Authorized Transporter of Oil	OI OKIE	or Conden		- 14/X I U	Address (Giv	e address to w	hich approved	copy of this fo	m is to be se	ent)		
-				Farmingt								
Giant Refining Company XXX Name of Authorized Transporter of Casinghead Gas or Dry Gas					Post Office Box 256 Farmington, NM Address (Give address to which approved copy of this form is to be se.							
	1			Bloomfield, NM 87413								
Gas Company of New M		 -		XXX		ice Box	1099 When		III NII	07413		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actuali	y connected?	I when	1				
	lL	ا	L	<u> </u>	<u>!</u>							
If this production is commingled with that f	rom any oth	er lease or p	pool, give	comming	ing order num	ber:						
IV. COMPLETION DATA		·.,			·		· ····			- Kura - 1		
	(V)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -]	l		<u> </u>		<u> </u>	I,I		_l		
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth			P.B.T.D.				
					Top Oil/Gas Pay							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Old Gas Tay			Tubing Deptl	Tuoing Depui			
								Dorth Casing	Depth Casing Shoe			
Perforations				-				Deput Casing	Shoe			
								<u> </u>				
	T	UBING,	CASIN	IG AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
									e pring			
							gr.					
								विकास है।		3		
						513						
V. TEST DATA AND REQUES	T FOD A	HOWA	RIF		l			EC2 3 18	31			
	AMOUNT		ellanda 	::	he sevel to or	exceed top all	oundle for thi	s denth or he fo	or full-24 hou	vs.)		
	1		oj toda o	u ana misi		ethod (Flow, pr			- 1 - 1 - C			
Date First New Oil Run To Tank	Date of Tes	4			Producing M	eurou (Frow, pr	1. S. J. J.		1			
							Choké Šize					
Length of Test	Tubing Pres	Tubing Pressure			Casing Press	Casing Pressure			Choke one			
								- C Not				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF					
	l				<u></u>			<u> </u>				
GAS WELL												
Actual Prod. Test - MCF/D	Length of 7	est			Bbls. Conden	sate/MMCF		Gravity of Co	ondensate			
Actual Flore Test Tricing	Dengar or	. • • •			ł							
Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
	<u>. </u>				\r			1				
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE	11 /		ICEDV	ATIONIT	אאופור	M		
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					nco 9 2 1001							
is true and complete to the best of my knowledge and belief.					Date Approved DEC 2.3 1991							
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Tunda / Much					1 Drank July							
Signature Office Supervisor					II n		By					
Signature	MUGH	7			By_			~~ 7	(
Linda Murphy /	Offic	Supe		or		SUPF	RVISOR D	ISTRICT #	3			
Signature Linda Murphy Printed Name 1/1/92	-t	Supe 27-448	Title	or	By_ Title	SUPE	RVISOR D	ISTRICT #	3			

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.