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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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		TO TRA	<u>NSP</u>	ORT OIL	AND NA	TURAL GA	10 1 mai	API No.			
Operator Earn Lo		Compo	n.v				Well	VI.1 140'			
Southern Union Explo	ration	Compa	ity								
Address 324 Hwy US64, NBU300	1 Fa	rmingt	on, l	NM 8740	L						
Reason(s) for Filing (Check proper box)						er (Please expla	ain)				
New Well		Change in	_								
tecompletion	Oil		Dry G								
hange in Operator	Casinghea	ad Gas 🔲	Conde	nsate KX							
change of operator give name											
nd address of previous operator			······································							•	
I. DESCRIPTION OF WELL	AND LE	ASE	1				Vind	of Lease	i.e	ase No.	
ease Name Well No. Pool Name, Inch					ing Formation Mesa Verde			State Federal or Fee Contract 100			
Jicarilla D		10								. 12	
Location	0.0	Ο.		N.	orth	800)	eet From The	West	Line	
Unit Letter A	_:80	<u>U</u>	_ Feet F	rom The	orth Li	ie and	<u> </u>	eet riom ine			
- 1 00 Tuest	- 26		Range	. 3	. N	MPM, R	io Arri	ba		County	
Section 30 Townshi	p 26		Kange								
II. DESIGNATION OF TRAN	SPORTI	R OF O	IL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	OK OKAL	or Conde	nsale		Address (Gi	ve address 10 w	hich approve	d copy of this for			
-	anv			XXX	Post Of	fice Box	256	Farmingt			
Giant Refining Compa Name of Authorized Transporter of Casin	ghead Gas		or Dry		Address (Gi	ve address to w	hich approve	d copy of this for	m is to be se	nt)	
Gas Company of New				XXX			1899	Bloomfie	<u>1d, NM</u>	87413	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.							
ive location of tanks.	i	<u> </u>	<u>L</u>	_1							
this production is commingled with that	from any of	ther lease or	pool, g	ive commingl	ing order nun	nber:					
V. COMPLETION DATA			_					_,		Num n	
		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_1			J	J	J			_l	
Date Spudded	Date Con	npl. Ready t	o Prod.		Total Depth			P.B.T.D.			
					Top Oil/Gas Pay			Table Basis			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				s ray		Tubing Depth			
]			Depth Casing Shoe			
Perforations								Depar Cusing	, 2		
						nia proof	717				
TUBING, CASING AND								9	SACKS CEMENT		
HOLE SIZE	C	CASING & TUBING SIZE				DEPTH SET			ONORO GEMENT		
	_				-		. 		· 64 27		
	<u> </u>				(
	_							3.2			
······································	CT FOR	11170	ADII					et jaren eta	7.6	<i>.</i>	
V. TEST DATA AND REQUE OIL WELL (Test must be after	SIFUR	ALLUM	ADDA	Cr A oil and mus	t he equal to	or exceed top al	llowable for t	his depth or be J	or hall 24 hou	urs.)	
			e oj 1000	a ou ana mus	Producing 1	Method (Flow. 1	pump, gas lift	i, elc.)			
Date First New Oil Run To Tank	Date of T	i cz			Producing Method (Flow, pump, gas lift, et						
T. A. T. A.	Taking P				Casing Pressure			aChoke Size			
Length of Test	Tubing P	Terznie			Capilly 1 leader						
The second second	Oil nu	OIL BUL				ls.		Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbl	13.			Water - Bols.						
								,_1			
GAS WELL						- ANCE		Gravity of C	ondensale		
Actual Prod. Test - MCF/D	Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tubing	lubing Pressure (Shut-in)				Caping Liesonic (Sum-in)					
					-\						
VI. OPERATOR CERTIFIC	CATE C	F COM	IPLIA	NCE			NICED	VATION	DIVISI	NC	
I hereby certify that the rules and reg	ulations of t	he Oil Cons	ervation	1	H	OIL OO	INOFIL	*/\\ O \	_ , v , O \		
Division have been complied with and that the information given above					nce 93 mai						
is true and complete to the best of my	knowledge	and belief.			Da	te Approv	ed	DITA NI	7		
						• • •		170	1 /	,	
Xanda 100	works				Ву		Fran	kJ. S	ave /		
Signature	OFA	ice Su	nerui	isor	"				λ		
Linda Murphy (01/4	ice ou	Title			SUP	ERVISOR	DISTRICT	. • • • • • • • • • • • • • • • • • • •		
Printed Name	505	/327-44		•	Tit!	e			4		
1/1/92			elephone	e No.							

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.