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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 TRANSPORT OIL AND NATURAL GAS

Operator		10 111/	11101	0111 011	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1011111	Well /	IFI No.			
Southern Union Explo	ration	Compa	ny								
Address							1				
324 Hwy US64, NBU300)1 Fa	rmingt	on, l	NM 8740	1						
Reason(s) for Filing (Check proper box)						er (Please exp	lain)				
New Well		Change in	Transp	orter of:		, -	•				
Recompletion	Oil		•	F-7							
Change in Operator	-	ad Gas		nsate KX							
If change of operator give name	Callingine										
and address of previous operator											
II. DESCRIPTION OF WELL	ANDIE	'A CIF									
Lease Name							Kind	Lease No.			
Jicarilla D	the second se				Mesa Verde			Federal or Fee Contract 100			
Location		1 -:	l								
		1725			South Lin		790 Fe	et From The	East	Line	
Unit LetterI	_ :		_ Feet Fi	rom The	Lin	e and	re	et Floin The		Lanc	
Section 31 Townshi	_p 26	1	Range	3	. N	мрм,	R i o Arri	ba		County	
Section 32 Townsin	<u> </u>	·	Kange			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
III. DESIGNATION OF TRAN	TROUZ	ER OF O	II. AN	D NATH	RAL GAS						
Name of Authorized Transporter of Oil	CV OWII	or Conder			Address (Gi	ve address to w	hich approved	copy of this forn	n is to be se	nt)	
				LJ X X X	Post Office Box 256						
Giant Refining Compa Name of Authorized Transporter of Casin	ally phead Gae			Gas [Address (Gir	ve address to w	hich approved	copy of this form	ı is to be se	nt)	
•		لسيسا	J. 219	XXX				Bloomfiel			
Gas Company of New I well produces oil or liquids,	<u>Mexico</u> Unit	Sec.	Twp.		is gas actual		When				
it well produces oil or liquids,	Lour	1 34.	1 · ~ p.	l vRe'	la Bas accuate	,	1				
	<u> </u>	<u> </u>	.L		ing order succ	her					
If this production is commingled with that	from any or	ner lease or	poor, gr	ve commingi	ing order num						
IV. COMPLETION DATA		lau w u		G . W II	1 111.11	1 Washanaa	Deepen	Plug Back Sa	una Dac'y	Diff Res'v	
Designate Type of Completion	· (X)	Oil Well	' '	Gas Well	I New Well	Workover	I Dechen	i ting dack 194	mie Kes v	DIN KUSY	
		! Doods: to			Total Depth	J	_L	P.B.T.D.		<u> </u>	
Date Spudded	Date Con	ipl. Ready to) Floar		Total Depar			r.b. r.b.			
					Top Oil/Gas	Pav		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				i				Tuonig Depar			
					l	 -		Depth Casing S	Shoe		
Perforations								Depar cusing c	,,,,,		
						NG BEGOI		<u> </u>			
					CEMENTI	NG RECO		1		FAIT	
HOLE SIZE	C/	ASING & TU	UBING	SIZE		DEPTH SET		SA	CKS CEM	ENI	
	<u> </u>							.			
								ļ	n (1) 120		
							<u> </u>	() () () () () () () () () ()		-1111	
								1 3 3 3 3 4 4 A			
V. TEST DATA AND REQUE	ST FOR	ALLOW.	ABLE						10.01		
OIL WELL (Test must be after t	ecovery of I	ioial volume	of load	oil and must	be equal to or	exceed top al	lowable for the	deposit of be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T				Producing M	ethod (Flow, p	ump, gas lift, e	uc.)		٠, ٠	
							. £	, T ³			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Example of 100	1.000	. •00010			ľ						
Actual Prod. During Test	Oil - Bbls				Water - Bbis			Gas- MCF			
Actual Flod: During Fest	Oil • Dois)•									
	_1				L						
GAS WELL							<u> </u>				
Actual Prod. Test - MCF/D	al Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing P	ressure (Shu	1-in)		Casing Press	ure (Shut-in)		Choke Size	-		
VI. OPERATOR CERTIFIC	'ATE O	E COM	7 1 1 7	VCE.	1						
				1CE		OIL COI	NSERV.	ATION D	IVISIO	N	
I hereby certify that the rules and regul Division have been complied with and							_				
is true and complete to the best of my			CII AUUV	•		. A	., 1	EC 23	1991		
17 ' 1					Date	e Approve	20				
- N 1. 11.	un M				1		C 1	*	. /		
Justa V" Hogy					By_ Sranks. Save						
Signature Linda Murphy	Of fal	će Supe	ervis	or	-, -			MOTBLOT #	₃ U		
Printed Name			Title		Title	SUP	ervisor (STRICT #	J		
1/1/92	505/	327-448									
Date	·- ·		ephone l	₩.	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.