

|                  |     |  |
|------------------|-----|--|
| DISTRIBUTION     |     |  |
| SANTA FE         |     |  |
| FILE             |     |  |
| U.S.G.S.         |     |  |
| LAND OFFICE      |     |  |
| TRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

|   |                                 |
|---|---------------------------------|
| Operator<br>Southern Union Exploration Company  |                                 |
| Address<br>1217 Main Street, Suite 400, Texas Federal Bldg., Dallas, Texas 75202  |                                 |
| Reason(s) for filing (Check proper box)   | Other (Please explain)          |
| New Well <input type="checkbox"/>   | Change of operator and address. |
| Recompletion <input type="checkbox"/>   |                                 |
| Change in Ownership <input checked="" type="checkbox"/>   |                                 |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                                 |
| If change of ownership give name and address of previous owner<br>10300 N. Central Expressway, Bldg. V, 5th Fl.<br>SUPRON Energy Corporation, Dallas, Texas 75231         |                                 |

|                               |                 |  |  |
|-------------------------------|-----------------|--|--|
| DESCRIPTION OF WELL AND LEASE |                 |  |  |
| Lease Name<br>Nickson         | Well No.<br>10  | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee Fed. SF078431 |
| Location                      |                 |  |  |
| Unit Letter<br>0              | 790             | Feet From The<br>South                         | Line and<br>1735                                     |
| Line of Section<br>14         | Township<br>26N | Range<br>8W                                    | San Juan County                                      |


|  |  |      |      |
|--|--|------|------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  |  |      |      |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |      |
| Plateau  | Box 108, Farmington, NM 87401  |      |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |
| El Paso Natural Gas  | Box 990, Farmington, NM 87401  |      |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. | Twp. |
|  |  |      |      |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

|                                      |   |
|--------------------------------------|---|
| COMPLETION DATA                      |   |
| Designate Type of Completion - (X)   | Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Rest'v. <input type="checkbox"/> Diff. Rest'v. <input type="checkbox"/> |
| Date Spudded                         | Date Compl. Ready to Prod.  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation   |
| Perforations                         | Depth Casing Shoe   |
| TUBING, CASING, AND CEMENTING RECORD |   |
| HOLE SIZE                            | CASING & TUBING SIZE  |
|                                      |   |
|                                      |   |
|                                      |   |

|  |                 |   |            |
|--|-----------------|---|------------|
| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) |                 |   |            |
| Date First New Oil Run To Tanks  | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test   | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test   | Oil-Bbls.       | Water-Bbls.                                   | Gas-MMCF   |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL                         |                           |                           |                       |
| Actual Prod. Test-MMCF/D         | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size            |

|  |  |
|--|--|
| CERTIFICATE OF COMPLIANCE  | OIL CONSERVATION COMMISSION  |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | JAN 28 1981  |
| <br>Drilling & Production Engineer   | APPROVED _____, 19 _____   |
| 12/30/80<br>(Date)   | BY Original Signed by FRANK T. CHAVEZ  |
|  | SUPERVISOR OF FIELD OPERATIONS   |
|  | TITLE _____  |
|  | This form is to be filed in compliance with RULE 1104.   |
|  | If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |
|  | All sections of this form must be filled out completely for allowable on new and recompleted wells.  |
|  | Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  |
|  | Separate Forms C-104 must be filed for each pool in multiple   |