Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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	REQUEST E	OR ALLOWA	BLE AND	AUTHORI	IZATION				
I.		ANSPORT OIL							
Operator						API No.			
Southern Unio	n Exploration	Company							
Address		<u> </u>							
324 Hwy US64,	NBU3001	Farmington,	NM 8740	01					
Reason(s) for Filing (Check proper box)			On	er (Please expl	lain)				
New Well	Change in	Transporter of:							
Recompletion	Oil 📙	Dry Gas 📙							
Change in Operator	Casinghead Gas	Condensate XX							
If change of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·						<del></del>		
U. DESCRIPTION OF WELL	AND LEASE				<del> </del>		· · · · · · · · · · · · · · · · · · ·	<del></del>	
ease Name Well No. Pool Name, Includi						of Lease Federal or Fee	SF07843		
Hodges	13	basın	Dakota	<del></del>			0107013		
Location	4000		0 1	154	20		East		
Unit LetterB	: 1090	Feet From The	South Lin	se and $\frac{157}{1}$	Fe	et From The	Last	Line	
		<b>n</b> 0	.,	a emale (	Can Iuan		C	aumin.	
Section 34 Townsh	ip <u>26</u>	Range 8	, N	MPM,	San Juan			ounty	
III. DESIGNATION OF TRAN	SCHOUTED OF O	II AND NATII	DAT GAS						
Name of Authorized Transporter of Oil	or Conder			ve address to w	hich approved	copy of this form	is to be sens)		
Giant Refining	Company	XXX	Dont Of	files Day	- 256 T		NN 9740	0	
Name of Authorized Transporter of Casin		or Dry Gas	Address (Gi	re address to w	hich approved	armington copy of this form	is to be sent)	y	
El Paso Natura			1		• •			•	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actual	y connected?	When	armington	<del>, NM 8/49</del>	9	
rive location of tanks.	i i	i i			i				
f this production is commingled with that	from any other lease or	pool, give comming	ling order num	ber:					
V. COMPLETION DATA	•		J						
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back   Sai	me Res'v Diff	Res'v	
Designate Type of Completion		i	İ	1	i ' i	i	i		
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		<u></u>	P.B.T.D.			
·								i	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Cas	Pay	·	Tubing Depth			
Perforations						Depth Casing Shoe			
	TUBING,	CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TU		DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUE	ST FOR ALLOWA	ABLE	<u>l </u>			· · · · · · · · · · · · · · · · · · ·			
			be equal to or	exceed top allo	owable for this	depth or be for f	full 24 hours.)		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
				, ,					
ength of Test	Tubing Pressure		Casing Press	ire		Choke Size	* 4 3 3 1	F=8.	
Songar or Tosa	Tuomg Trousan						Eive	. [ ]	
Actual Prod. During Test Oil - Bbls.		Water - Bbis.			Gas- MCF				
			Tracer Boltz			15.32 DEC 3 1 1991			
	4		I			<del>'</del>	1 1221		
GAS WELL			·			1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	N. 111	<i></i>	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	sale/MMCF		Chayly of Corlo		5	
						ONT. 3			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
						<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF COMP	LIANCE							
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									
is true and complete to the best of my			Data	Approve	d li	EC 3 1	ing t Projecja		
, 1			Date	Approve	<u></u>	1000	<del></del>		
Linda Diwah				[ TOO!					
Signature Signature				By Srank June					
' Linda Murphy	Office Superv				CHRESIA CHRES		$\gamma$		
Printed Name	EDE/207 //01	Title	Title		OUTERVIS	OR DISTRIC	74.		
1/1/92 Date	505/327-4481	phone No.							
Parc	1616	p. 1000 1 TO.	H						

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.