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Appropriate District Office
DISTRICT 1
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

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

I.		TOTRA	ANSF	PORT OIL	AND NA	TURAL G					
Operator	Southern Union Exploration Company					Well API No.					
Address Southern Union	a Explo	ration	Con	ipany							
324 Hwy US64,	NBU300	1	Farm	ington,	NM 8740	)1					
Reason(s) for Filing (Check proper box)		<b>G</b>			Off	er (Please exp	lain)				
New Well Recompletion											
Change in Operator											
If change of operator give name and address of previous operator											
• •	ANDIE	ACE		<del></del>							
Lease Name	I. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Includi						Kind	Lease No.			
Nickson	15 Basin				Dakota S			te Federal or Fee SF078431			
Location											
Unit LetterJ	_ :14	450	_ Feet 1	From The	SLin	e and	1760 F	eet From The _	E	Line	
Section 23 Townshi	ip 26		Range	e 8	.N	MPM, Sa	an Juan			County	
	F	****		<del></del>			JAL OURTH				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil											
Giant Refining	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casin	Address (Giv	st Office Box 256 Farmington, NM 87499  ess (Give address to which approved copy of this form is to be sent)									
El Paso Natura	d Gas (	Company	¥	XXX_	Post Of	fice Box	<b>. 99</b> ρ F	<del>armingto</del>	n NM - 8	7499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	7	•		
If this production is commingled with that	from any oth	er lease or	pool. g	ive commingl	ing order num	ber:	t				
IV. COMPLETION DATA											
Designate Type of Completion	. (Y)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ni Ready to	Prod		Total Depth	I	1	P.B.T.D.			
Date Spudded Date Compl. Ready to Prod.								r.b.1.D.	P.B.1.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay	.:	Tubing Depth			
						<del> </del>					
Perforations								Depth Casing	Shoe		
		TIRING	CASI	NG AND	CEMENTI	NG RECOR	:D				
HOLE SIZE						DEPTH SET		SACKS CEMENT			
· · · · · · · · · · · · · · · · · · ·	l										
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE		<u> </u>						
OIL WELL (Test must be after re	, <del></del>		of load	oil and must					r full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Tes	<b>\$</b>			Producing Me	ethod (Flow, pi	ump, gas iyi, e	ic.j			
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size-	<i>→</i> ₹ 3	13 12 14	
		Tuoing Troosard						10) k	V.	Y L	
Actual Prod. During Test	Test Oil - Bbls.				Water - Bbis.			G CF			
	<u> </u>								EC31	1991.	
GAS WELL						····		Gravin	CON	DIV.	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of the	DIST.		
esting Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	<u> </u>	<u>-</u>	
Paris I Paris and											
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAI	VCE			10551				
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 knowledge and belief.					Dela Approved DEC 3 1 1991						
and the same of th					Date Approved						
Xinda Mugoli					Bu \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Signature Linda Murphy Office Supervisor					By Strank						
Printed Name Title					Title SUPERVISOR DISTRICO # 3						
1/1/92 S	505/327-		nhone h	Jo.	1100		·	· · · · · · · · · · · · · · · · · · ·			
Date		Teret	phone 1	₩,							

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.