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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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT_III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TRAI	NSPORT C	IL AND NA	TURAL G	AS					
Operator					We			I API No.			
Southern Unio	on Explor	ation	Company			<u> </u>					
324 Hwy US64	. NBU3001	F	armington	NM 8741	11						
Reason(s) for Filing (Check proper box,			armingcon		er (Please exp	lain)		· · · · · · · · · · · · · · · · · · ·			
New Well		~	ransporter of:	1							
Recompletion \bigsqcup	Oil		Dry Gas L) 1							
Change in Operator	Casinghead	i Gas 📙 (Condensate XX								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELI	L AND LEA	SE									
Lease Name Nickson	Well No. Pool Name, Includ			uding Formation Dakota				ind of Lease 1 ate; Federal or Fee SF07843			
Location				· 	······································						
Unit LetterI	:	1850_1	Feet From The	South Lie	e and7	790 F	eet From The _	East	Line		
Section 22 Towns	hip 26	1	Range 8	, N	мрм,	San Jua	n		County		
III. DESIGNATION OF TRA	NSPORTEI	R OF OH	L AND NAT	URAL GAS							
Name of Authorized Transporter of Oil		or Condens			e address to w	hich approved	copy of this for	m is to be se	ent)		
Giant Refinin	Post Office Box 256 Farmington, NM 87499										
Name of Authorized Transporter of Casi	Address (Gir	Address (Give address to which approved copy of this form is to be sent)									
El Paso Natural Gas Company XXX				Post Of	Post Office Box 990 Farmington, NM 87499 ls gas actually connected? When?						
If well produces oil or liquids, ive location of tanks.	Unit	Sec. 1	lwp. Rg	e. Is gas actual	y connected?	Wilei	· r				
f this production is commingled with the	at from any other	er lease or po	ool, give commit	ngling order num	ber:						
V. COMPLETION DATA			, 6.								
5 1 . T . C . L .	- An	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		١		Total Depth	<u> </u>	J	<u> </u>	······································	<u> </u>		
Date Spudded	Date Compl	I. Ready to I	rod.	Total Depui	Total Depair			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
	T	UBING. C	CASING ANI	D CEMENTI	NG RECOR	W .	.!				
HOLE SIZE				DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUE	CT FOD A	i i owai	RI F	<u></u>			<u> </u>				
OIL WELL (Test must be after				ist be eaual to or	exceed top all	owable for thi	s depth or be fo	r full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test				thod (Flow, pr						
							- Fa 7	د پر چو د			
Length of Test	gth of Test Tubing Pressure			Casing Pressure			Chote Size		is in		
				- Dil							
Actual Prod. During Test	Prod. During Test Oil - Bbls.			Water - Dois	Water - Bbls.			DE031 1991			
GAS WELL	<u>, , , , , , , , , , , , , , , , , , , </u>						Oll	COS			
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Conder	Bbls. Condensate/MMCF			Gravity of Condensate.			
								Choke Size			
esting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)						
AT ODED ATION CENTURY	CATE OF	COMP	LANCE				<u> </u>				
VI. OPERATOR CERTIFIC					DIL CON	ISERV	ATION D	IVISIC	N		
I hereby certify that the rules and reg Division have been complied with an											
is true and complete to the best of my				Date	Approve	ed .	DEG 3	1 601			
- V , A	,				~, pprove	<u> </u>	\sim	'			
Xma (1)	11/27			By_		50.1)(l)	./			
Signature Linda Murphy	office s	Supervi	sor	"		CHBERN	ISOR DIST	MT#3			
Printed Name		7	litle	Title	•	epių i LiΩV 	ACCIONALECT				
1/1/92	505/327-		nas Na								
Date		1 elebt	ione No.	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.