

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-111  
Effective 1-1-63

Operator Southern Union Exploration Company	
Address 1217 Main Street (Suite 400), Dallas, TX 75202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator's name & address.	
If change of ownership give name and address of previous owner Supron Energy Corp. %John H. Hill, et al Suite 020, Kysar Bldg, 300 W. Arrington, Farmington, NM 87401	

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Newsom "A"	Well No. 13	Pool Name, Including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee Federal
Lease No. NM-02901			
Location			
Unit Letter E	1610	Feet From The North	Line and 800
Feet From The West			
Line of Section 3	Township 26 North	Range 8 West	NMPM, San Juan County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
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)		
Gas Company of New Mexico	P.O. BOX 1899 Farmington, NM ATTN: Stella Whittaker		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
			Is gas actually connected? When

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

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v.
			Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



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

VI. CERTIFICATE OF COMPLIANCE	
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.	
Drilling & Production Engineer	
(Title)	
June 30, 1981	
(Date)	

OIL CONSERVATION COMMISSION	
JUL 3 - 1981	
APPROVED	
BY Original Signed by FRANK T. CHAVEZ	
TITLE SUPERVISOR DISTRICT # 3	
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	