

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-111	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					

Operator Southern Union Exploration Company	
Address 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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner 10300 N. Central Expressway, Bldg. V, 5th Fl. SUPRON Energy Corporation, Dallas, Texas 75231	

DESCRIPTION OF WELL AND LEASE			
Lease Name Largo Federal	Well No. 3	Pool Name, Including Formation Undes. Farmington Sand	Kind of Lease State, Federal or Fee Fed. NM055563
Location Unit Letter C : 1187 Feet From The North Line and 1707 Feet From The West Line of Section 34 Township 29N Range 9W NMPM, San Juan County			

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)		
Southern Union Gathering Co.	First International Bldg., Dallas, TX 75270		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw. Ege.

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res't. Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, 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

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 - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.		APPROVED _____, 19____	
BY _____ Drilling & Production Engineer		Original Signed by FRANK T. CHAVEZ 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 to mutilate.			