

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUESTED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Southern Union Exploration		RECEIVED JUL 3 - 1983 OIL CON. DIV. DIST. 3
Address P.O. Box 2179 Farmington, NM 87499		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Horseshoe	Well No. 1	Pool Name, including Formation Meadows Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 184
Location Unit Letter <u>K</u> : <u>1815</u> Feet From The <u>West</u> Line and <u>1680</u> Feet From The <u>South</u> Line of Section <u>2</u> Township <u>29N</u> Range <u>15W</u> , NMPM, <u>San Juan</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702 Farmington, NM					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Intristate Gathering Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 32999 San Antonio, Texas					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 2	Twp. 29N	Rge. 15W	Is gas actually connected? No	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 5-9-83	Date Compl. Ready to Prod. 6-29-83		Total Depth 4710'		P.B.T.D. 4673'			
Elevations (DF, RKB, RT, GR, etc.) 5252' GL	Name of Producing Formation Gallup		Top Oil/Gas Pay 4391'		Tubing Depth 4626'			
Perforations 4583, 4581, 4563, 4561, 4504, 4503, 4502, 4501, 4500, 4499, 4468 4466, 4458, 4456, 4446, 4444, 4432, 4419, 4417, 4405, 4397, 4491 22 shots, .32"					Depth Casing Shoe 4710'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 32#/ft		295'		265 cu.ft. C1 B			
7 7/8"	6 1/2" 10.5#/ft		4710'2		1st 270 cu.ft.			
	2 3/8"		4604'		2nd 1150 cu.ft.			

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 oil able for this depth or be for full 24 hours)

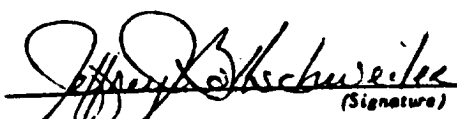
Date First New Oil Run To Tanks 6-24-83	Date of Test 6-24-83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 65	Casing Pressure NA	Choke Size 1/4"
Actual Prod. During Test 20 BBL	Oil - Bbls. 20	Water - Bbls. 0	Gas - MCF 114

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Dr. & Prod. Superintendant
(Title)
7-5-83
(Date)

OIL CONSERVATION DIVISION
JUL 8 1983

APPROVED _____, 19____
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT # 2
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 multi-completed wells.