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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		3
PRODUCTION 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-110  
Effective 1-1-65

Operator: Southern Union Royalty Company  
Address: P. O. Drawer 370, Farmington, New Mexico 87401  
Reason for change (check proper box) Other (if case explain)  
New well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐ Name change

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE  
Lease Name: Horton Well No.: #2 Pool Name, including Formation: Blanco Undesignated Pictured Cliff Kind of Lease: State, Federal or Fee Federal Lease No.: SF-081240  
Location: Unit Letter: I 1510 Feet From The South Line and 980 Feet From The East  
Line of Section: 35 Township: 32 North Range: 11 West, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)  
Southern Union Gathering Fidelity Union Tower, Dallas, Texas 75201  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is our facility connected? 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 Gas Well New Well Workover Deepen Plug Back Same Rest. Diff. Rest.  
Date Spurred Date Comp. Ready to Prod. Total Depth P.S.T.D.  
Name of Completion Contractor Total Gas Prod. Tubing Depth

TEST DATA AND REQUEST FOR ALLOWABLE (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)  
OIL WELL  
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 (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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
(Signature)  
(Title)  
1-1-78  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JAN 12 1978, 19  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. #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.