

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |  |
|------------------------|--|
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| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OPERATOR               |  |
| PRODUCTION 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  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

Change of Operator as of 01-01-84

If change of ownership give name and address of previous owner Southern Union Exploration of Tx, Texas Fed Bldg, Dallas, Tx 75202 1217 Main Street, Suite 400 Dallas, Tx 75202

DESCRIPTION OF WELL AND LEASE

|  |                      |  |   |                       |
|--|----------------------|--|---|-----------------------|
| Lease Name<br><u>State "A"</u>   | Well No.<br><u>2</u> | Pool Name, including Formation<br><u>N. Bagley, Penn</u> | Kind of Lease<br><u>State, Federal or Fee State</u> | Lease<br><u>NMV22</u> |
| Location<br>Unit Letter <u>M</u> : <u>520</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> |                      |  |   |                       |
| Line of Section <u>3</u> Township <u>11S</u> Range <u>33E</u> , <u>NMPM</u> Lea _____ Cou: _____                       |                      |  |   |                       |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |   |
|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> of Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent)  |
| <u>Southern Union Refining Company</u>   | <u>P. O. Box 980, Hobbs NM 88240</u>  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)  |
| <u>Warren Petroleum Company</u>  | <u>P. O. Box 1589, Tulsa, Oklahoma 74102</u>  |
| If well produces oil or liquids, give location of tanks.   | Unit : <u>M</u> Sec. : <u>3</u> Twp. : <u>15S</u> Rge. : <u>33E</u> Is gas actually connected? <u>Yes</u> When <u>2/18/81</u> |

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 Res'v. | Diff. H. |
| <input checked="" type="checkbox"/> |                             |                 |              |          |        |                   |             |          |
| 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 Ran To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Chase Size |
| Actual Prod. During Test        | Oil - bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D         | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (psal, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Chase 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.

Ronald Rufferty  
(Signature)

Drilling & Production Engineer  
(Title)

January 12, 1984  
(Date)

OIL CONSERVATION DIVISION  
JAN 24 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device 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 change of well name or number, or transporter, or other such change of conditions.  
Separate forms C-104 must be filed for each pool in multi-completed wells.

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