NO. OF COPIES RECE	1750		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.\$.			L.
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
SOCRATION OFFICE		1	į .

LEW MEXICO OIL CONSERVATION COMMISS.

Form C-104

SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE		AND	c
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	
LAND OFFICE	-		
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator	DIA COMPANY		
SOUTHERN UNION SUP	PLY COMPANY		
Address Einst International Ru	ilding, Dallas, Texas 7	5270	
Reason(s) for filing (Check proper both		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	Effective Februar	y 1, 1977
Change in Ownership	Casinghead Gas Condens	ate	
			m D.11 M 751
If change of ownership give name and address of previous owner	WOLFSON OIL COMPANY, 3206	Republic National Bank	Tower, Dallas, Texas /52
I. DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.
Lease Name Lea "A"State	2 Vacuum G-SA	State, Federal	crfee State E-1085
Location K 19	Feet From The South Line	and 1980 Feet From T	West
Unit Letter;			_
	ownship 17-S Range	34-E , NMPM,	Lea County
Line of Section 0 1			
n DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of C	of Condensate	P.O. Drawer 175, Artesi	
NAVAJO CRUDE OIL I	PURCHASING COMPANY	Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of C	rasinghead Gas X or Dry Gas	Odessa, Texas 79760	
PHILLIPS PETROLEUM		Is gas actually connected? Whe	n
If well produces oil or liquids,	F 8 17S 34E	Yes	Unknown
give location of tanks.		-ive commingling order number:	
If this production is commingled	with that from any other lease or pool,	give comminging of	Diff Post
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Comple	tion – (X)		10000
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top On/ Gus Pu/	
		.1	Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	D CEMENTING RECORD	
1101 E 5175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
		1	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to a street by
OH. WELL	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Date First New Oil Run To Tanks	Date of Lear		
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			Gge-MCF
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds-MCF
Actual Prod. Daniel			
\			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	BBIB. Condensato/ mixes	
	(0.0.10)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
		OIL CONSERV	ATION COMMISSION
VI. CERTIFICATE OF COMPLI	ANCE)//
	A		<i>93 1</i>
I hereby certify that the rules s	and regulations of the Oil Conservation ed with and that the information giver the heat of my knowledge and belief.	Onis. 3 Same For	
Commission have been complete to	the best of my knowledge and belief.		
		TITLE	
		- to- to be filed in	compliance with RULE 1104.
() 0 1.0 De	If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the well.		
U J Wall			ordance with RULE 111.
D. Ahalt (Signature) Drilling Engineer		tests taxen on the west as acc	sust be filled out completely for all
Drilli	og gudinest	- II All sections of this form t	**** ** *** *** * * * * * * * * * * *

(Title)

(Date)

2/2/77

All sections of this form must be able 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 multiply completed wells.