

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 RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
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)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change of Operator as of 1-4-84

If change of ownership give name
and address of previous owner

1217 Main Street, Suite 400
Southern Union Exploration of Tx, Texas Fed Bldg., Dallas, Tx 75202

DESCRIPTION OF WELL AND LEASE

Lease Name Lea "A" State	Well No. 4	Pool Name, Including Formation Vacuum G-SA	Kind of Lease State, Federal or Fee	State	Lease # E-1085
Location					
Unit Letter E	1650	Feet From The North	Line and 330	Feet From The West	
Line of Section 8	T. or S. 17-S	Range 34-E	N.M.P.M.	Lea	Cour

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Southern Union Refining Company	Address (Give address to which approved copy of this form is to be sent) 11520 N. Central Expressway, Dallas, Tx 75243					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 8	Twp. 17-S	Rge. 34-E	Is gas actually connected? Yes	When Unknown

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 as last	Diff. in
Date Spudded	Date Compl. Ready to Prod.	Total Depth			F.B.T.D.			
Elevations (DF, H&B, 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)

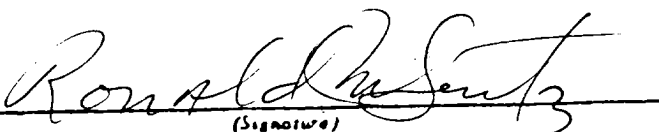
Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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)

Drilling & Production Engineer

(Title)

January 12, 1984

(Date)

OIL CONSERVATION DIVISION

JAN 24 1984

APPROVED _____, 19__

BY _____

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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 able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transportation or other such change of condition.

Separate Form C-104 must be filed for each pool in well recompleted wells.