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SANTA FE			
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INAMOPORIER	GAS		
OPERATOR			
PRORATION OFFICE			

EW MEXICO OIL CONSERVATION COMMISSIC

Form C-104
Succeedes Old C-104 and C-110

SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65		
FILE U.S.G.S.	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATURAL G	AC		
LAND OFFICE	_ AUTHORIZATION TO TRAF	ASPORT OIL AND NATURAL G	A3		
OIL					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Operator					
SOUTHERN UNION SU	PPLY COMPANY				
First Internation	al Building, Dallas, Texas	75270			
Reason(s) for filing (Check proper b		Other (Please explain)			
New Well	Change in Transporter of:		1		
Recompletion	OII Dry Gas	Effective Februa	ry 1, 1977		
Change in Ownership	Casinghead Gas Condens	sate			
	TOT TOOK OFF CONTAINS	6 D 111 V 1 D	1 m 5 11 m 7500		
If change of ownership give name and address of previous owner	WOLFSON OIL COMPANY, 320	6 Republic National Ban	k Tower, Dallas, Texas 7520		
DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.		
Lease Name Lea "A" State	4 Vacuum G-SA	- - - - - - - - - -	or Fee State E-1085		
Location	, , , , , , , , , , , , , , , , , , , ,				
1	1650 Feet From The North Line	and 330 Feet From	The West		
Unit Letter;;	Feet From The				
Line of Section 8	Township 17-S Range	34-Е , ммрм,	Lea County		
Line of Section					
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	Address (Give address to which appro-	and some of this form is to be sent!		
Name of Authorized Transporter of	Oil 🔼 or Condensate 📋	Address (Othe dedress to miter oppio			
NAVAJO CRUDE OIL	PURCHASING COMPANY	P. U. Drawer 1/5, Art Address (Give address to which appro	esia, New Mexico 88210 ved copy of this form is to be sent)		
Name of Authorized Transporter of PHILLIPS PETROLEU		Odessa, Texas 79760			
FRIELIFS FEIROLEU		Is gas actually connected? Wh	en		
If well produces oil or liquids,	F 8 17S 34E	Yes	Unknown		
give location of tanks.		in a serializa order number			
If this production is commingled	with that from any other lease or pool,	give comminging order number.			
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Comple	tion = (X)	1	1 1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudaed			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Turing Depth		
			Depth Casing Shoe		
Perforations					
	TURING CASING AND	CEMENTING RECORD			
101 5 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE	CASING C 102110				
	·				
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil	l and must be equal to or exceed top allow-		
OIL WELL		pth or be for full 24 hours) Producing Method (Flow, pump, gas l	ift. etc.)		
Date First New Oil Run To Tanks	Date of Test	producing Mariod (1 102) pamp, 200			
	Tubbe Persons	Casing Pressure	Cheke Size		
Length of Test	Tubing Pressure				
Actual Prod. During Test	Oil-Bhis.	Water - Bbis.	Gas-MCF		
Actual Prod. During 1981	S. 25.57				
<u> </u>			`		
CACWELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		101.01.01	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	0		
			ATION COMMISSION		
I. CERTIFICATE OF COMPLI	ANCE	11	ATION COMMISSION		
		APPROVED	<u> 1977, 19</u>		
I hereby certify that the rules	and regulations of the Oil Conservation	C. a Church	A Company of the Comp		
Commission have been compli-	ed with and that the information given the best of my knowledge and belief.	BY			
MDOAG IN LINE WAS COMPLETE TO	· -	TITLE	₹¢.		
alal na	-	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			
U A Chall					
D. D. MIGIC	Signature)	II	OLUSINCA MISSI DOME		
Dri	lling Engineer	II as as w and recombinity	cust be filled out completely for allow wells.		
2/2	(Title)	1)	er tit and till for changes of owner.		
2/2/77		Fith out only Sections I, II, III, and VI for changes of owner,			

(Date)

Fiti 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.