

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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 Exploration<sup>Co</sup> of Texas**

Address  
**1217 Main Street, Suite 400, Texas Federal Bldg., Dallas, Texas 75202**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change of operator and address.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner  
**Southern Union Exploration Company, Texas Federal Bldg., Dallas, TX 75202**

DESCRIPTION OF WELL AND LEASE			
Lease Name <b>Shell Groebli, et.al.</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Flying "M", San Adres</b>	Lease No. <b>1184 et.al.</b>
Location		Kind of Lease State, Federal or Fee Fee	
Unit Letter <b>B</b>	1840 Feet From The <b>East</b> Line and <b>520</b> Feet From The <b>North</b>		
Line of Section <b>30</b>	Township <b>9-S</b>	Range <b>33-E</b>	County <b>Lea</b>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
<b>Mobil Oil Corporation</b>			<b>P.O. Box 900 Dallas, Texas 75221</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
<b>Warren Petroleum Company</b>			<b>P.O. Box 1589, Tulsa, Oklahoma 74102</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>30</b>	Twp. <b>9-S</b>	Rge. <b>33-E</b>	Is gas actually connected? <b>Yes</b>	When <b>11/31/79</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA										
Designate Type of Completion - (X)										
Date Spudded	Date Compl. Ready to Prod.	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation			Total Depth		P.B.T.D.			
Perforations		Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
							Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			

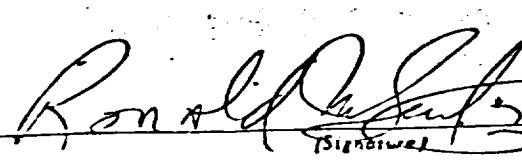
**TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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/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.

  
 Drilling & Production Engineer  
 (Signature)  
 12/30/80  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED: \_\_\_\_\_, 19\_\_\_\_

BY: Jerry Sargent  
 TITLE: Dist. 1, Suite

This form is to be filed in compliance with RULE 1108.

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. Separate Form C-104 must be filed for each well in multiple