

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
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  
**Sabine Exploration Corporation (Previously American Trading & Production Corp.)**  
 Address  
**2627 Tennessee Building, Houston, Texas 77002**  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas  Change in Operator  
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**  
 Lease Name **Southeast Lea Unit** Well No. **1** Pool Name, including Format **Southeast Lea - V** State **Texas** Lease No. **OG 3825**  
 Location  
 Unit Letter **J**, **1980** Feet from The **Ec** Line and **2880** Feet from The **South**  
 Line of Section **26** Township **20S** Range **35E** County \_\_\_\_\_

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
**Crown Central Pipeline Co.** Address (Give address to which approved copy of this form is to be sent)  
**1010 Bank of Southwest Bldg. Houston, Tex. 77002**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
**Llano, Inc.** Address (Give address to which approved copy of this form is to be sent)  
**Box 2215 Hobbs, New Mexico 88240**  
 If well produces oil or liquids, give location of tanks. Unit \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ Is gas actually connected?  When \_\_\_\_\_

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded _____	Date Compl. Ready to Prod. _____		Total Depth _____		REMARKS _____			
Elevations (DF, RKB, RT, GR, etc.) _____	Name of Producing Formation _____		Top Oil/Gas Pay _____		Casing Depth _____			
Perforations _____			Depth Casing Shoe _____					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of test well or 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) _____
Length of Test _____	Tubing Pressure _____	Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____	Oil-Bbls. _____	Water-Bbls. _____ MCF _____

**GAS WELL**

Actual Prod. Test MCF/D _____	Length of Test _____	Bbls. Condensate/MMCF _____	Gravity of Condensate _____
Testing Method (spot, back pr.) _____	Tubing Pressure (2 1/2" - 1 1/2") _____	Casing Pressure (2 1/2" - 1 1/2") _____	Choke Size _____

**VI. 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.

\_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 (Title)  
 \_\_\_\_\_  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
 BY *[Signature]*  
 TITLE \_\_\_\_\_

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 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 Forms C-104 must be filed for each pool in multiply