Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

							Well A	11110.		
Operator Southern Union Explo	ration	Compan	v							
	lation	Compan	.,							
Address	1 For	minata	n N	M 87401						
324 Hwy US64, NBU300	1 rar	minge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 07403		r (Please expla	in)			
Reason(s) for Filing (Check proper box)		Change in	T	-t		i ii ie zee exp				
New Well			•							ļ
Recompletion	Oil		Dry Ga							
Change in Operator	Casinghead	Gas	Conden	sate KX						
If change of operator give name										
and address of previous operator									•	
II. DESCRIPTION OF WELL	AND LEA	SE					<del></del>			
Lease Name		Well No.			g Formation		Kind o	Lease Federal or Fee	Lease N	1
Jicarilla K		22A	В	lanco M	lesa Ver	<u>de</u>	State	COEINI TOC	Contract	145
Location								_		
	. 420		tions tim	nom The	outh Line	and 1	850 Fe	et From The	East	_Line
Unit Letter	- :		rea m	On the		, <b>a</b> nd .				
	25		Range	5	N	ирм, Ri	o Arrib	a	Cc	unty
Section 2 Township	2.2		Kange							
	CDADTE	D OF O	T ART	n Natii	PAT GAS					
II. DESIGNATION OF TRANSPORTER OF OIL AND NATU					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Oil	or Condensate							on, NM 874	م ا	
Giant Refining Compa	ny XXX			Post Uff	ice Box		copy of this form			
Name of Authorized Transporter of Casing	thead Gas		or Dry	Gas []						12
Gas Company of New N	<u>lexico</u>			XXX					ld, NM 874	13
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	7		1
give location of tanks.	i I			1						
If this production is commingled with that	Imm any oth	er lease or i	pool, giv	e commingli	ng order num	er:				
IV. COMPLETION DATA	nom any our		, , .		Ü					
IV. COMILETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v Diff	Res'v
Designate Type of Completion	- (X)	ION MEN	1	Oas Well	1	1	i	i i	İ	ŀ
	Date Comp	l Readu to	Drod.		Total Depth	L	<u> </u>	P.B.T.D.		
Date Spudded	Date Comp	n. Keady to	riou.							
					Top Oil/Gas	Day		Tuking Douth	<del> </del>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	ormation	ı	TOP OID Cas	149		Tubing Depth		
	]							18 18 18	61	
Perforations								Depth Casing	Shoe	
										- 1
								<u> </u>		
	7	TIRING	CASI	NG AND	CEMENTI	NG RECOR	UD .	<u> </u>		
400 5 0075					CEMENTI	NG RECOR		   s/	ICKS CENENT	
HOLE SIZE		UBING, SING & TU			CEMENTI	NG RECOR		SA	ICKS CEMENT	
HOLE SIZE					CEMENTI			SA	ICKS CEMENT	
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   4) Separate Form C-104 must be filed for each pool in multiply completed well;