

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Serial 00-01-83
RECEIVED
DEC 09 1987
OIL CON. DIV.
DIST. 3

I. Operator Southern Union Exploration Company

Address P. O. Box 2179 Farmington, NM 87499

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Horseshoe</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Meadow Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No <u>NM 184</u>
Location Unit Letter <u>K</u> : <u>1815</u> Feet From The <u>West</u> Line and <u>1680</u> Feet From The <u>South</u>				
Line of Section <u>2</u> Township <u>29</u> Range <u>15</u> NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Gary Energy Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 159 Bloomfield, NM 87413</u>
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) _____
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input type="checkbox"/> When _____

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Martin D. Boggs

Martin D. Boggs
(Signature)

Drilling & Production Supt.

(Title)

December 15, 1987

(Date)

OIL CONSERVATION DIVISION

DEC 09 1987

APPROVED _____, 19 _____

BY [Signature]

TITLE SUPERVISOR # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

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

Separate Forms C-104 must be filled for each pool in multi-completed wells.