

NAME			
DATE			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
PERATOR			
RATION OFFICE			
REGION			

Address \_\_\_\_\_

B O BOX 2028 FARMINGTON NEW MEXICO 87401

new Well	<input type="checkbox"/>	Change in Transporter of:	
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 checked="" type="checkbox"/>

Case Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SOUTHERN UNION	2-E	BASIN DAKOTA	XXXX Federal XXXX	82-078243

location \_\_\_\_\_

Unit Letter C : 1000 Feet From The N Line and 1800 Feet From The W

Line of Section 19 Township 31N Range 12W , NMPM, SAN JUAN County

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)	
GIANT REFINERY					P.O. BOX 256, FARMINGTON, NEW MEXICO 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
SOUTHERN UNION GATHERING					P.O. BOX 1899, BLOOMFIELD, NEW MEXICO 87413	
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	19	31N	12W	Yes	

### COMPLETION DATA

Completion Data		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion – (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth					P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay					Tubing Depth		
Perforations							Depth Casing Shoe		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

(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 WELL 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

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

6-10-82

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by CHARLES GHOLSON  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 III.

All parts of this form must be filled out completely for follow-up by the Bureau of Census.