Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.C. Box 1980, Hobbs, NM 88240

## State of New Mexico Largy, Minerals and Natural Resources Department.

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

## OIL CONSERVATION DIVISION JAN 1 3 1994

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		ST FO	R AL	LOWAE		AUTHORI					
I. TO TRANSPORT OIL AND NAT						TUHAL G	Well API No.				
Southeastern Petroleum, Inc.							30-005-61190				
Address											
P.O. Box 1893, Rosw	ell, N.M	1. 88	202								
Reason(s) for Filing (Check proper box)			-		Ot	her (Please expl	ain)				
New Well	a	hange in Ti	ranspor	ter of:							
Recompletion	Oil		ry Gas	_							
Change in Operator	Casinghead C	_	ondens							:	
and address of previous operator			ng C	orpora	tion,40	0 W.Illi	nois,Ste	e.1600,Mi	dland,	X 79701	
II. DESCRIPTION OF WELL . Lease Name		Well No. Pool Name, Including			ng Formation Kind c			of Lease No.			
Sheehan Federal		3	Pec	os Slo	pe (Abo	5)		Federal or Fee	NM 3	37845	
Location E Unit Letter	1980	) F	eet Fro	om The	orth Li	ne and	Fe	et From The	West	Line	
Section 33 Township	, 5s	R	lange	24E	, 1	мрм,	Chaves	3		County	
III. DESIGNATION OF TRAN	SPORTED	OF OU	ANT	NATII	RAL GAS	}					
Name of Authorized Transporter of Oil or Condensate					Address (G	ive address to w	hich approved	oved copy of this form is to be sent)			
	Authorized Transporter of Casinghead Gas or Dry Gas X answestern Pipeline Co.				I .	ive address to wi BOX 1138		copy of this form is to be sent) on, TX 77251-1188			
If well produces oil or liquids, give location of tanks.		Sec. Twp. Rge. Is gas actually connected? Yes				When	When? June 14, 1982				
If this production is commingled with that if IV. COMPLETION DATA	rom any other	lease or po	ol, give	commingl	ing order nur	nber:					
D i D G G G G G		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back S	ame Res v	Diff Res'v	
Designate Type of Completion	Date Compl.	Dandy to D			Total Depth	<u> </u>	<u> </u>	P.B.T.D.		_1	
Date Spudded	Date Compi.	Ready to F	100.			•		1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	l				1			Depth Casing	Shoe		
	TU	BING, C	ASIN	IG AND	CEMENT	ING RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
								pootra yars			
								1 3-4-44			
									1G . L	<del>-   -   -     -     -     -     -     -     -       -  </del>	
			A		<u> </u>	<del></del>		<u> </u>	<u> </u>		
V. TEST DATA AND REQUES	T FOR AL	LOWAI	BLE	9 4	Ex count to a	ar aread top all	oughle for thi	e denth or he for	r full 24 hou	re.)	
OIL WELL (Test must be after n  Date First New Oil Run To Tank	Date of Test				be equal to or exceed top allowable for this depth or be for ful 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								<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rule and regul Division have been complete with and is true and complete to be best of my	ations of the O	Conserva	tion			o Approve	nd J	ATION E	301	ON	
Signature 5 onny Lonbo		PRE		A17	Ву	<u></u>	21150	R DISTRICT			
Printed Name 17/30/93			Title		Title	e <del></del>	UPERVIN				
Date 1201123			hone N								

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 wells.