

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

9 - 2 - 58

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Southern Union Gas Company Federal

Well No. **1**, in **NW** $\frac{1}{4}$, **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

D

Sec. **3**

T. **17**

R. **28**

NMPM.,

Red Lake

Pool

Unit Letter

Eddy

County. Date Spudded **7-12-58**

Date Drilling Completed **7-28-58**

Please indicate location:

Elevation **3547.1**

Total Depth **1630'** FTD **1469'**

Top Oil/Gas Pay **1374**

Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **1374 to 1388'** **1404 to 1414'**

Open Hole **0**

Depth

Casing Shoe **1463'**

Depth

Tubing **1370'**

OIL WELL TEST -

Natural Prod. Test: **Baled** bbls. oil, **4 gal** bbls water in **1** hrs, **1** min. Choke Size **32/64**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **35** bbls. oil, **0** bbls water in **24** hrs, **1** min. Choke Size **32/64**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **40,000 Gals Oil, 40,000# Sand**

Casing Tubing Date first new Press. **1640** Press. **oil run to tanks Sept. 1, 1958**

Oil Transporter **Maleco Refinery Inc.**

Gas Transporter _____

Remarks:

Summary of well data and production history.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **September 2, 1958**

Southern Union Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *M. L. Armstrong*

Title _____

By: *W. M. Swanson*
(Signature)

Title **Production Clerk**

Send Communications regarding well to:

Name **Southern Union Gas Co.**

1700 Patterson St.

Address **Dallas 1, Texas**

[illegible]

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Southern Union Gas Company Lease 10-012897

Well No. 1 Unit Letter D S 3 T 17 R 28 Pool Red Lake

County Eddy Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit D S 3 T 17 R 28

Authorized Transporter of Oil or Condensate Sam Watson for Malco Refinery Inc.

Address P. O. Box 660, Roswell, New Mexico

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

No Pipeline connection, currently being flared.

Reasons for Filing: (Please check proper box) New Well X ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 2 day of September 19 50

By Wm Swanson

Approved 1950 19 50

Title Production Clerk

OIL CONSERVATION COMMISSION

Company Southern Union Gas Co.

By M L Armstrong

Address 1700 Patterson St.

Title _____

Dallas 1, Texas

NEW MEXICO OIL CONSERVATION COMMISSION
Well Location and Acreage Dedication Plat

Section A.

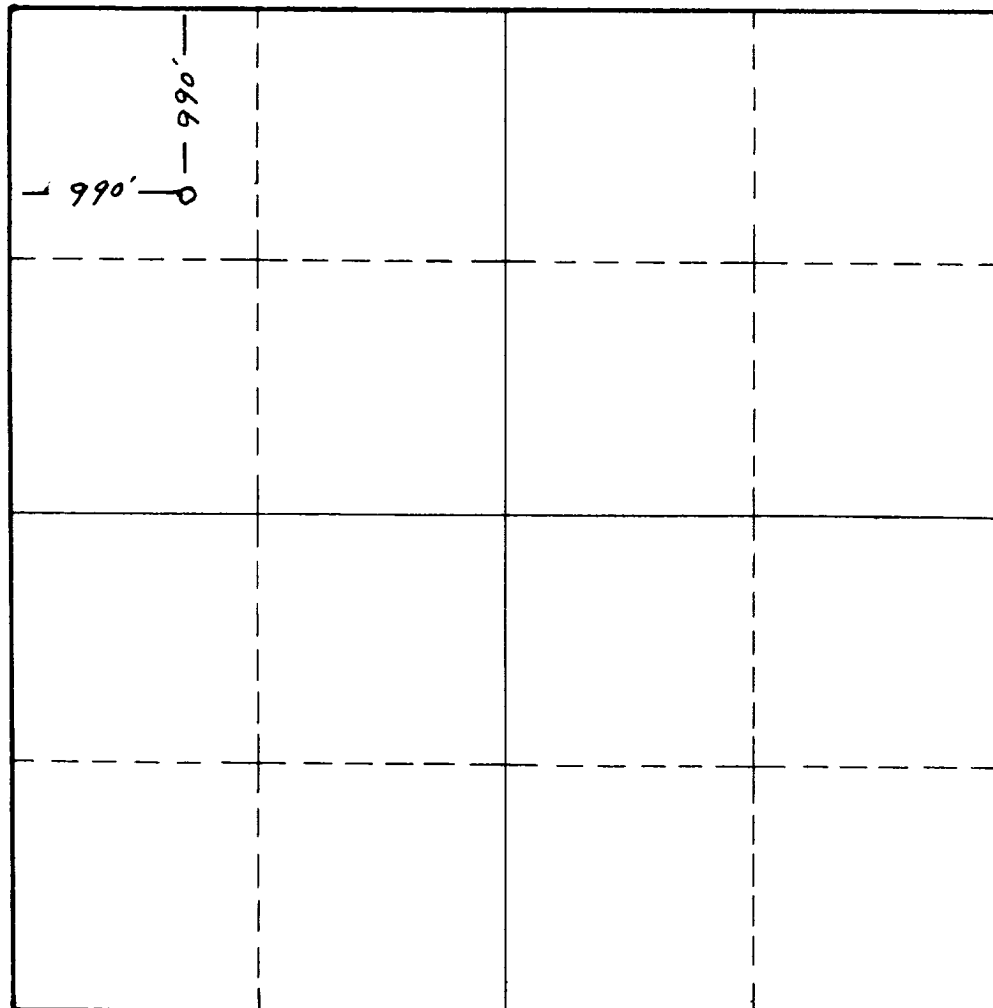
Date September 2, 1958

Operator Southern Union Gas Company Lease Fed. NM 012897
Well No. 1 Unit Letter D Section 3 Township 17S Range 28E NMFM
Located 990' Feet From North Line, 990 Feet From West Line
County Elky G. L. Elevation 3547.1 Dedicated Acreage 48 39 30 Acres
Name of Producing Formation Ogden Pool Red Lake

1. Is the Operator the only owner* in the dedicated acreage outlined on the plat below?
Yes _____ No X.
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes X No _____. If answer is "yes," Type of Consolidation Joint Interest
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description
<u>Southern Union Gas Co. 60%</u>	<u>T-17-S R-28-E</u>
<u>Artes Oil & Gas Co. 40%</u>	<u>Sec. 3: Lots 5, 6, 7, 8, 9, 10, 11, 12, 13, 20</u>
	<u>Sec. 5: Lots 4, SW/4 SW/4, W/2 SW/4</u>
	<u>Blk 1</u>

Section B



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

Southern Union Gas Co.
(Operator)
Wesley Shannon
(Representative)

Burt Bldg., Dallas, Texas
Address

This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed June 12, 1958

(S) John West
Registered Professional
Engineer and/or Land Surveyor.

Certificate No.

INSTRUCTIONS FOR COMPLETION:

1. Operator shall furnish and certify to the information called for in Section A.
2. Operator shall outline the dedicated acreage for both oil and gas wells on the plat in Section B.
3. A registered professional engineer or land surveyor registered in the State of New Mexico or approved by the Commission shall show on the plat the location of the well and certify this information in the space provided.
4. All distances shown on the plat must be from the outer boundaries of Section.
5. If additional space is needed for listing owners and their respective interests as required in question 3, Section A, please use space below

* "Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1953 Comp.)