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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

Southern Union Production Company		SEP 15 1965
Box 146, Hobbs, New Mexico		O. C. C.
Reason(s) for filing (Check proper box):		ARTESIA, OFFICE
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
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 type="checkbox"/>
Change Pool Designation.		

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Federal	1	East Red Lake Queen Grayburg	State, Federal or Fee
			Federal
Location			
Unit Letter B	990	Feet From The North	Line and 990
		Feet From The West	
Line of Section 3	Township 17	Range 28	NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Mc Wood Corp., 701 V&J Tower, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips	Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	D	3
		Twp.
		17
		Rge.
		28
Is gas actually connected?	When	
Yes	Sept. 1958	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							
Date Spilled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-12-58	9-2-58	1690'	1463'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
East Red Lake Queen Grayburg		1374	1370					
Perforations	Depth Casing Shoe							
1374 to 1383	1463							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8 5/8"	5 1/2"	1463	500					
	2 3/8"	1370						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-1-58	9-1-58	flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	100#	150#	32/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
35	35	0	150

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

*[Signature]*  
(Signature)

Field Foreman

(Title)

9-14-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 15 1965, 19  
BY *[Signature]*  
TITLE *[Signature]*

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 111.

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

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.