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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

JAN 25 1984

O. C. D.
ARTESIA, OFFICE

Southern Union Exploration Company ✓

Address
1217 Main Street, Suite 400, Texas Federal Bldg, Dallas, Texas 75202

Reason(s) for filing (Check proper box) Other (Please explain)

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

Change of Operator as of 1-1-84

Change of ownership give name and address of previous owner
Southern Union Exploration of Tx, Texas Fed Bldg, Dallas, Tx 75202

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Exxon Federal	1	West Bubbling Springs Morrow	State, Federal or Free Federal	NM-055628

Location
Unit Letter I ; 660 Feet From The East Line and 1980 Feet From The South
Line of Section 26 Township 20 S Range 25 E , NMPM, Eddy County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

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)
Navajo Crude Oil Purchasing Company	North Freeman, Artesia, New Mexico 88210
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 Company	1st International Bldg., Dallas, Tx 75270

Does well produce oil or liquids, or location of tanks. Unit I Sec. 26 Twp. 20S Rge. 25E Is gas actually connected? Yes When 3/6/78

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Recovery	Deeper	Plug Back	Some rework	Other
Re-spudded	Date Compl. Ready to Prod.	Total Depth	Prod. T.D.					
Reasons (DF, HSB, HT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of casing 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.)	<i>Posted #10-13 1-27-84 Chy: O.D.</i>
Depth of Test	Tubing Pressure	Casing Pressure	
Oil Prod. During Test	Oil-able.	Water-able.	
		Gas-MCF	

NEW WELL

Oil Prod. Test-MCF/D	Length of Test	Bole. Condensate/MVCF	Gravity of Condensate
Drilling Method (prior, back pr.)	Tubing Pressure (Shot-10)	Casing Pressure (Shot-10)	Casing Size

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

Ronald M. Searcy
(Signature)
Drilling & Production Engineer
(Title)
January 12, 1984
(Date)

OIL CONSERVATION DIVISION
JAN 25 1984

APPROVED _____, 19____
BY Leslie A. Clements
Supervisor District II

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils 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 well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in each well.