

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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DEC 11 '87

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

O. C. D.
ARTESIAL OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Southern Union Exploration Company

Address P. O. Box 2179 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

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

Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Exxon Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Bubbling Springs Morrow, West</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>0556285</u>
Location Unit Letter <u>I</u> : <u>660</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>26</u> Township <u>20S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>The Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3119 Midland, TX 79702-9986</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>311 Moore Drive Carlsbad, NM 88220</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?		When <u>Post ID-3</u> <u>1-1-88</u> <u>chg WT: CON</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Martin D. Boggs

(Signature)

Drilling & Production Supt.

(Title)

November 17, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 8 1987, 19 _____

BY Original Signed By
Mike Williams

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper 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 all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

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HOSES OFFICE