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| DISTRIBUTION | | NEW MEXICO OIL CONSERVATION COMMISSION | | Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 | |
| SANTA FE | | REQUEST FOR ALLOWABLE | | | |
| FILE | | AND | | | |
| U.S.G.S. | | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| LAND OFFICE | | JAN 14 1981 | | | |
| TRANSPORTER | | O. C. D. | | | |
| OIL | | ARTESIA, OFFICE | | | |
| GAS | | | | | |
| OPERATOR | | | | | |
| PRORATION OFFICE | | | | | |
| Operator Southern Union Exploration of Texas ✓ | | | | | |
| Address 1217 Main Street, Suite 400, Texas Federal Bldg., Dallas, Texas 75202 | | | | | |
| Reason(s) for filing (Check proper box) | | | | | |
| New Well <input type="checkbox"/> | | Change in Transporter of: | | Other (Please explain) | |
| Recompletion <input type="checkbox"/> | | Oil <input type="checkbox"/> | | Change of operator and address. | |
| Change in Ownership <input type="checkbox"/> | | Casinghead Gas <input type="checkbox"/> | | Dry Gas <input type="checkbox"/> | |
| | | | | Condensate <input type="checkbox"/> | |
| If change of ownership give name and address of previous owner Southern Union Exploration Company, Texas Federal Bldg., Dallas, TX 75202 | | | | | |
| DESCRIPTION OF WELL AND LEASE | | | | | |
| Well has been plugged and abandoned 9/7/78. | | | | | |
| Lease Name Exxon Federal | | Well No. 2 | | Pool Name, including Formation Und. West Building Springs Mar. 1 | |
| Location | | Kind of Lease State, Federal or Fee Federal 1 | | Lease No. NM-055628 | |
| Unit Letter 0 : 1980 Feet From The East Line and 660 Feet From The South | | | | | |
| Line of Section 23 Township 20 Range 25-E, NMPM, Eddy County | | | | | |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> | | or Condensate <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> | | or Dry Gas <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | | Unit | | Sec. | |
| | | Twp. | | Rge. | |
| | | Is gas actually connected? | | When | |
| If this production is 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 | | Workover | |
| | | Deepen | | Plug Back | |
| | | Same Res'v. | | Diff. Res'v. | |
| Date Spudded | | Date Compl. Ready to Prod. | | Total Depth | |
| | | | | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, etc.) | | Name of Producing Formation | | Top Oil/Gas Pay | |
| | | | | Tubing Depth | |
| Perforations | | | | Depth Casing Shoe | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | |
| | | | | SACKS CEMENT | |
| | | | | | |
| | | | | | |
| 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.) | |
| Length of Test | | Tubing Pressure | | Casing Pressure | |
| | | | | Choke Size | |
| Actual Prod. During Test | | Oil-Bbls. | | Water-Bbls. | |
| | | | | Gas-MCF | |
| GAS WELL | | | | | |
| Actual Prod. Test-MCF/D | | Length of Test | | Bbls. Condensate/MMCF | |
| | | | | Gravity of Condensate | |
| Testing Method (pilot, back pr.) | | Tubing Pressure (Shut-in) | | Casing Pressure (Shut-in) | |
| | | | | Choke Size | |
| I. CERTIFICATE OF COMPLIANCE | | | | | |
| OIL CONSERVATION COMMISSION | | | | | |
| APPROVED _____, 19 _____ | | | | | |
| BY _____ | | | | | |
| TITLE _____ | | | | | |
| 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. | | | | | |
| Separate Form C-104 must be filed for each pool in multiple. | | | | | |
| 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. | | | | | |
| Ronald R. [Signature] | | | | | |
| Drilling & Production Engineer | | | | | |
| 12/30/80 | | | | | |
| (Date) | | | | | |