

REVISED

Report Commodity  
TransportationForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAR 11 1975

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

I. Operator  
Southern Union Production Company  
Address  
Suite 1700, 8350 North Central Expressway Dallas, TX 75206  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

P-3204

O. C. C.  
ARTESIA, OFFICE

## II. DESCRIPTION OF WELL AND LEASE

McKittrick Hills upper Penn.

Lease Name Shelby Federal	Well No. 2	Pool Name, Including Formation Wildcat <del>uses</del>	Kind of Lease State, Federal or Fee	Lease No. NM-12828
Location Unit Letter <u>K</u> ; <u>1900'</u> Feet From The <u>South</u> Line and <u>2200'</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>22-S</u> Range <u>24-E</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 type="checkbox"/> Navajo Crude Oil Producing Company	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) Bob McGrary 14th Floor Fidelity Union Tower-Dallas 75201	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 12
	Twp. 22	Rge. 24
	Is gas actually connected? <u>Yes</u> When <u>2/12/75</u>	

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	X					
Date Spudded 4/4/74	Date Comp. Ready to Prod. 5/31/74	Total Depth 7970'		DEPTH				
Elevations (DF, RKB, RT, GR, etc.) 3859-GL	Name of Producing Formation Cisco	Top Oil/Gas Pay 7834		Tubing Depth 7679'				
Perforations 7834-7856 25PF			Depth Casing Shoe 7970'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1620		1010			
7 7/8"	4 1/2"		7970		200			
		2 3/8"		7679				

## 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)

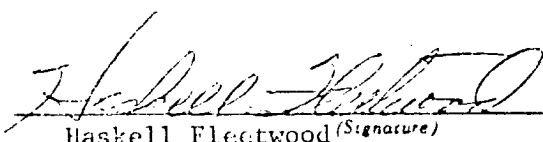
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D 4657	Length of Test 1 hour	Bbls. Condensate/MMCF 4 BBLS	Gravity of Condensate 41
Testing Method (pilot, back pr.) Back Press	Tubing Pressure (Shut-in) 2115	Casing Pressure (Shut-in) Packer	Choke Size 27/64"

## 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.


Haskell Fleetwood (Signature)  
Manager, Drilling & Production  
(Title)

March 6, 1975

(Date)

REVISED

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY  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 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 Forms C-104 must be filed for each pool in multiply