

DISTRIBUTION	
AMT. FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORITY TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator Southern Union Production Company	
Address P. O. Box 808, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transportation <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Change in name of Transporter <input checked="" type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lebow	Well No. Pool Name, Bldg. or Location 1 Tapacito Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. 01136
Location			
Unit Letter D	990 Feet From The North	990 Feet From The West	
Line of Section 14	Township 25 North	Range 3 West	NMCM, Rio Arriba County

III. 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 Gas <input checked="" type="checkbox"/> or Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Gas Company of New Mexico	First International Bldg., Dallas, Texas 75270 Attn: R. J. McGrary		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Test Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Gas Pay
Perforations		Depth Casing Shoe
TUBING LOG AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
		SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Leave blank for oil well)

Date First New Oil Run To Tanks	Date of Test	Production 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	Rate Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Testing Pressure (shut-in)	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 above is true and complete to the best of my knowledge and belief.

Rudy D. Motto (Signature)
Area Superintendent (Title)
September 2, 1976 (Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 10 1976**, 19
Original Signed by **A. R. Kendrick**
Title **Area Dist. #3**

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 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, name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple