

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |   |  |
|---|---|--|
| Operator<br>Southern Union Exploration Company  |   | Well API No.                                   |
| Address<br>324 Hwy US64, NBU3001 Farmington, NM 87401                                   |   |  |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |   |  |
| New Well <input type="checkbox"/>   | Change in Transporter of:               |  |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/>            | Dry Gas <input type="checkbox"/>               |
| Change in Operator <input type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> | Condensate <input checked="" type="checkbox"/> |
| If change of operator give name and address of previous operator                        |   |  |

II. DESCRIPTION OF WELL AND LEASE

|  |                 |  |  |                           |
|--|-----------------|--|--|---------------------------|
| Lease Name<br>Jicarilla K  | Well No.<br>12E | Pool Name, Including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee | Lease No.<br>Contract 145 |
| Location<br>Unit Letter M : 1040 Feet From The West Line and 1100 Feet From The South Line<br>Section 2 Township 25 Range 5, NMPM, 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) |                                   |
| Giant Refining Company XXX  | Post Office Box 256 Farmington, NM 87499                                 |                                   |
| 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) |                                   |
| Gas Company of New Mexico XXX   | Post Office Box 1899 Bloomfield, NM 87413                                |                                   |
| 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:

IV. 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      |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |

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 Tank | 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            |

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

Signature Linda Murphy Office Supervisor  
Printed Name Linda Murphy Title  
Date 1/1/92 Telephone No. 505/327-4481

OIL CONSERVATION DIVISION

Date Approved DEC 23 1991

By Frank J. [Signature]  
Title SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.