

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

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-85

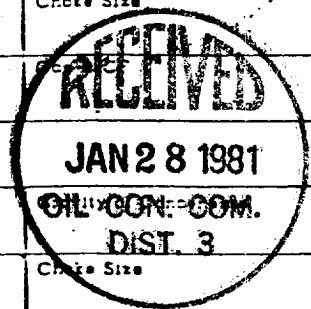
Operator Southern Union Exploration Company	
Address 1217 Main Street, Suite 400, Texas Federal Bldg., Dallas, Texas 75202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of operator and address.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner 10300 N. Central Expressway, Bldg. V, 5th Fl. SUPRON Energy Corporation, Dallas, Texas 75231	

DESCRIPTION OF WELL AND LEASE				
Lease Name Jicarilla "D"	Well No. 3	Pool Name, Including Formation Tapacito Picutred Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. 100
Location				
Unit Letter I	1650	Feet From The South	Line and 1090	Feet From The East
Line of Section 32	Township 26N	Range 3W	NMPM,	Rio Arriba 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 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, TX 75202	
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 WELL							
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF					
Testing Method (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size			



I. 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.	
Drilling & Production Engineer	
(Title)	
12/30/88	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED JAN 28 1981	
BY Original Signed by FRANK T. CHAVEZ	
TITLE SUPERVISOR DISTRICT 3	
This form is to be filed in compliance with RULE 1184.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 118.	
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 conditions. Separate Form C-104 must be filed for each pool in multi-	