

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| PROMOTION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
DEC 09 1987
JON. DOW

I. Operator
Southern Union Exploration Company

Address
P. O. Box 2179 Farmington, NM 87499

Reason(s) for filing (Check proper box)

| | | |
|--|---|--|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input checked="" type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|------------------|
| Lease Name Jicarilla "E" | Well No. 7 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. 104 |
| Location Unit Letter <u>P</u> : <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>26</u> Range <u>4</u> , NMPM, <u>Rio Arriba</u> Count | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corporation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, NM 87413 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899 Bloomfield, NM 87413 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Martin D. Boggs

Martin D. Boggs
(Signature)

Drilling & Production Supt.

(Title)

December 15, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 09 1987, 19

BY *[Signature]*

TITLE SUPERVISION DISTRICT #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.