

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
UCC	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
REGISTRATION OFFICE	

Operator SOUTHERN UNION EXPLORATION COMPANY

Address P.O. BOX 2179, Farmington, NM 87499

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	
Remediation ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	Dry Gas ☐
Casinghead Gas ☐	Condensate ☒

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla "E"</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>102</u>
Location				
Unit Letter <u>K</u>	<u>1850</u>	Feet From The <u>South</u>	Line and <u>1850</u>	Feet From The <u>West</u>
Line of Section <u>22</u>	Township <u>26 N</u>	Range <u>4W</u>	<u>NMPM</u>	Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco Inc Surface Transportation</u>	<u>P.O. BOX 1429, Bloomfield, NM 87413</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Gas Company of New Mexico</u>	<u>P. O. Box 1899 Bloomfield, NM 87413</u>
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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, 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-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

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]
(Signature)
Production Supervisor
(Title)

September 19, 1984

OIL CONSERVATION DIVISION

APPROVED [Signature] SEP 21 1984
BY [Signature]
TITLE SUPERVISOR 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 deepened well, this form must be accompanied by a tabulation of the deviator 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.