Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	DEOUECT	TOD ALLOW	ADI E AND	ALITHODI	7471011				
I.		FOR ALLOWA							
						API No.			
Southern Union Exploration Company									
Address	01 -	111-07/							
324 Hwy US64, NBU30	01 Farming	gton, NM 874							
Reason(s) for Filing (Check proper box) New Well	Chana	e in Transporter of:	[] OII	iet (Please expl	ain)				
Recompletion	Oil	Dry Gas							
Change in Operator	Casinghead Gas	Condensate 🔯							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name Jicarilla D	Well No. Pool Name, Include 11A Blanco			erde	Kind State	of Lease No. Federal or Fee Contract 100			
Location		 					<u>l</u>		
Unit Letter P	: 790	Feet From The _	South Lin	e and <u>790</u>	Fe	et From The	East	Line	
Section 29 Townshi	ip 26	Range 3	, NI	MPM, R	io Arri	ba		County	
III. DESIGNATION OF TRAN	SPORTER OF							··	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)								
Giant Refining Company XXX Name of Authorized Transporter of Casinghead Gas or Dry Gas			Post Office Box 256 Farmington Address (Give address to which approved copy of this form is						
Gas Company of New I	I .	Post Office Box 1899 Bloomfield, NM 87413							
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	e. Is gas actually		When		C.r.d. IIII	07413	
f this production is commingled with that	from any other lease	or pool, give commin	gling order numl	per:	1				
V. COMPLETION DATA	,	ar y arrived a community	BB otast Ball.						
Designate Type of Completion	- (X)	ell 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.	1	<u></u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casin	g Shoe		
	771511	7 71 811 1 1 1 1 1	GDI ADI INI	Id broom		<u> </u>			
TUBING, CASING AND			†			C DACKO OF UPAIT			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		-	DEPTH SET			SACKS CEMENT		
			-			DEC2	: 8 1831 -		
			والم	16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
. TEST DATA AND REQUES			· ·	The Control of the Co					
	Ţ	e of load oil and mus	_,				or full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pur	rup, gas lift, ei	'c.)			
ength of Test	Tubing Pressure		Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas- MCF				
	20.0.								
GAS WELL		······································				L			
Actual Prod. Test - MCF/D						Gravity of Condensate			
	Bbls. Condens			.,					
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
T OPEN LEON CERTIFICA			-						
I. OPERATOR CERTIFICA			ا ر	IL CON	SERVA	I MOLTA	OISIVIC	M	
I hereby certify that the rules and regula Division have been complied with and the				IL OOM				13	
is true and complete to the best of my knowledge and belief.				DEC 2 3 1991					
\mathcal{L}' , Ω				Approved		/	7		
Junda V Wigh				So 170)					
Signature Linda Murphy	Of fice Sup	ervisor	By	<u>`</u>	- muse	<u>~ . ~ ~ </u>	eve /		
Printed Name		Title	Title_	SUPER	WISOR D	STACC #	±3 0		
1 /1 /02	505/227 44	0.1	II IIIIB_						

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

Date

- 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.

Telephone No.

- 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.