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## State of New Mexico Energy, Minerals and Natural Resources Department

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

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., Aziec, NM 87410	DECLIEST FO		RLF AND AUTHORIZA	TION				
REQUEST FOR ALLOWABLE AND AUTHORIZ  TO TRANSPORT OIL AND NATURAL GA					Well API No.			
Operator								
Southern Union Expl Address								
324 Hwy US64, NBU30	01 Farmingt	on, NM 8740	Other (Please explain)					
Reason(s) for Filing (Check proper box)	<b>G</b> !-	T	Other (1 lease expans)					
New Well	ĭ m	Transporter of:						
Recompletion 📙		Dry Gas						
Change in Operator 🔲	Casinghead Gas	Condensate XX						
f change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL	AND LEASE Well No.	Pool Name, Includ	ling Formation	Kind of L	ense	10	se No.	
Lease Name		1		State Fee	leral of Fee	Contra	ct 105	
Jicarilla A Location		Basin						
Unit Letter K	: 1710	Feet From The	West Line and 1850	Feet I	From The	South -	Line	
Section 24 Townsh	nip 26	Range 4	, NMPM, Rio	Arriba			County	
III. DESIGNATION OF TRA	NSPORTER OF O	IL AND NATU	JRAL GAS			<del></del>		
Name of Authorized Transporter of Oil	Address (Give address to which of the control of							
Giant Refining Comp	Post Office Box 256 Farmington, NM 87499							
Name of Authorized Transporter of Casi	Address (Give address to which approved copy of this form is to be sent) Post Office Box 1899 Bloomfield, NM 87413							
Gas Company of New	Mexico		Post Office Box 18		omi ieia.	NEL 074	13	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	ls gas actually connected?	When 7				
If this production is commingled with tha	t from any other lease or	pool, give comming	gling order number:					
IV. COMPLETION DATA				<u> </u>			hiff Res'v	
Designate Type of Completion	Oil Well	Gas Well	New Well Workover	Deepen   1	Plug Back  S	ame Kes v	I Kesv	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	'[F	.B.T.D.			
Date Opioso								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
Perforations				ī	Depth Casing	Shoe		
	TURING	CASING AND	CEMENTING RECORD					
1015 0175			DEPTH SET		SACKS CEMENT			
HOLE SIZE	HOLE SIZE CASING & TUBING							
						<u> </u>		
			ζ,		<del></del>	<del></del>		
V. TEST DATA AND REQUI	ST FOR ALLOW	ABLE		6. 6 1. 5	land on he Co	ridl 24 hour	e )	
OIL WELL (Test must be after	recovery of total volume	of load oil and mu	Producing Method (Flow, pury	and line at	1	Juli 14 Hold	<del>,,,</del>	
Date First New Oil Run To Tank	Date of Test		Producing Method (1-10w, pury	o, gas 191, eng	yic is c			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Cengin of Yes	ui VI 100				Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Jag- 1/101	·		
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Dbls. Condensate/MMCF		Gravity of Condensate			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Casing Pressure (Shut-in)		Choke Size			
Testing Method (pilot, back pr.)	Tubing Pressure (Sh	īt-in)	Casing Pressure (Snut-in)		CHOKE BILL			
VI. OPERATOR CERTIFI	CATE OF COM	PLIANCE	OIL COM	SEDV/A	TION F	טועוכוט	N	
I hereby certify that the rules and reg	culations of the Oil Conse	ervation	OIL CONS	oen v A	TION L		.1.4	
Division have been complied with a	nd that the information gi	ven above		řì.	100	y Agrico		
is true and complete to the best of m	y knowledge and belief.		Date Approyed		^	<del></del>		
Q 1 1	7		<b>∥</b> ``<		T() /			
Jank !	wen		By	rante	- Sau	~ <del>*</del> \		
Signature / Linda Murphy	Office Sup	ervisor				U		
Printed Name		Title	Title <u>\$UPER</u>	<u> </u>	<u> </u>	?		

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

1/1/92

- 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.

505/327-4481