Submit 5 Copies
Appropriate District Office
DISTRICT I
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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

ſ.	REQUEST FO								
I. TO TRANSPORT OIL Operator				Well API No.					
Southern Union Exploration Company									
Address									
Reason(s) for Filing (Check proper box)	NBU3001 F	armington,) <u>1</u> ner (Please expl	ain)	P			
New Well	Change in	Transporter of:		ici (i iewe exp	<i></i> ,				
Recompletion		Dry Gas							
Change in Operator	Casinghead Gas	Condensate XX			· · · · · · · · · · · · · · · · · · ·				
If change of operator give name and address of previous operator									
·	ANDIEACE								
II. DESCRIPTION OF WELL Lease Name		ing Formation			ind of Lease No.		ease No.		
Nickson	10				Federal or Fee	SF078	3431		
Location									
Unit LetterO		Feet From The	S Lin	e and1	735 Fe	et From The _	E	Line	
Section 14 Township 2126 Range 8 , NMPM, San Juan County									
	<u> </u>				34 344		· <u>-</u>		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL			e address to wi	hich approved	conv of this fo	rm is to he se	ent)	
•	LJ	XXX							
Giant Refining Company XXX Name of Authorized Transporter of Casinghead Gas or Dry Gas				Post Office Box 256 Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)					
	o Natural Gas Company XXX Post Office Box 990 Farmington, NM 87499							7400	
I well produces oil or liquids, give location of tanks.	Unit Sec.	is gas actuali	y connected?	When	i i i i i i i i i i i i i i i i i i i				
·	<u> </u>			· · ·					
I this production is commingled with that to the completion of the	rom any other lease or p	ool, give commingi	ing order num	ber:					
T. COM DETION DATE	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	j	<u> </u>	<u>i</u>	<u> </u>		<u> </u>	
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			
l'erforations						Depth Casing	Shoe		
A	TIDNIA A	3460003400	CELENT	NG PECOP	<u>.</u>	<u> </u>			
HOLE SIZE	CASING & TU	CEMENTING RECORD DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASING & TO	DEF III SET			OAGRA GEMENT				
Constant in profes	 	B1 5	L						
Y. TEST DATA AND REQUES OIL WELL (Test must be after re	I FOR ALLOWA covery of total volume of		he equal to or	exceed ton allo	owable for this	denth or he fo	or full 24 hou	rs)	
Date First New Oil Run To Tank	Date of Test	Toda on and must		ethod (Flow, pu			7,77,27,170		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
					Gas- MCF				
Actual Prod. During Test	g Test Oil - Bbls.		Water - Bbls.			DE031 1991.			
GAS WELL	L		<u> </u>				3 x 1 5	~*	
Actual Prod. Test - MCI/D	Length of Test		Bbls. Condensale/MMCF			Gravity of Condensale			
							ust. 3		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
			ļ			<u> </u>		J	
VI. OPERATOR CERTIFICATE OF COMPLIANCE			(OIL CON	ISERV	ATION F	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				Date Approved DEC 3 1 1991					
				Date Application					
Justa 1º hugy				By Stanker Java					
Linda Murphy Office Supervisor) N					
Printed Name Title				SUF	PERVISOR	DISTRICT	# J		
	505/327-4481	aces No	Title						
Date	Telebi	none No.				dal constant who we give the	41		

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

- 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.
- 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.

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