DISTRIBUTION			
SANTA FE			
FILE			
J.S.G S.			<u> </u>
LAND OFFICE			
TRANSPORTER	OIL	ļ	<u> </u>
	GAS		
OPERATOR			
PHORATION OFFICE			L
Chetator			
Southern	Unio	n E	xpl
Address			

DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
U.S.G S.	OHTUA	RIZATION TO TRAN	•	ATURAL GAS		
TRANSPORTER OIL GAS	•					
OPERATOR PHORATION OFFICE						
Chetalot						
Southern Union Explor	ration Col	mpa ny	<u> </u>			
1217 Main Street, Sui	ite 400,	Texas Federal Bl	do., Dallas, Te	xas 75202		
Reason(s) for filing (Check proper box)			Other (Please	explain)		
New Well	Change in Transporter of: Oil Dry Gas Cil					
Recompletion Change in Ownership	Casinghe		iate 🔲			
If change of pwnership give name CI	IPRON Ene	ray Corporation.	10300 N. Cent Dallas, Texas		sway, Bldg. V, 5th Fl.	
and address of previous owner	JI KON LIIC	193 co. per a c. c	Darras, rexas	70201		
DESCRIPTION OF WELL AND L	EASE	Pool Name, Including Fo	rmatton	Kind of Lease	Lease No.	
Nous om	Well No.	Basin Dakota -		State, Federal c	r F⊶ Fed. SF078433	
Newsom	1 10	Dastii Dakeeu				
Unit Letter . M : 1130	Feet Fro	om The South Line	and <u>855</u> .	_ Feet From The	. West	
Line of Section 20 Town	aship 26N	· - Range	8W , NMPM,		San Juan County	
Line of Section			_		•	
DESIGNATION OF TRANSPORT	ER OF OIL	AND NATURAL GA	S Address (Give address t	o which approve	d copy of this form is to be sent)	
! Plateau	Box 108, Farmington, NM 87401					
Name of Authorized Transporter of Cost	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	Box 990, Farmington, NM 87401				7401	
If well produces oil or liquids, give location of tanks.	1					
If this production is commingled with	h that from a	ny other lease or pool,	give commingling order	number:		
COMPLETION DATA	1,	Oil Well Gas Well	New Well Workover		Plug Back Same Fiesty, Diff. Resty.	
Designate Type of Completio	I I		<u> </u>		P.B.T.D.	
Date Spudded	Date Compl.	Ready to Prod.	Total Depth		F.S.1.0.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	ducing Formation	Top CI/Gas Pay		Fubing Depth	
			l De:		Depth Casing Shoe	
Perforations						
		TUBING, CASING, AND				
HOLE SIZE	CASIN	G & TUBING SIZE	DEPTH S	ET	SACKS CEMENT	
	<u> </u>		1			
	<u> </u>		1	!		
					-d must be equal to or exceed top allow	
. TEST DATA AND REQUEST F	OR ALLOW.	ABLE (Test must be a able for this d	epth or be for full 24 hour.	s)	nd must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	:	Producing Method (Flor	v, pump, gas lift	, etc.)	
	Tubing Pres	LEUPA	Casing Pressure		Choke Size	
Length of Test	I domd L.es					
Actual Prod. During Test	Cil-Bbis.		Woter-Bbis.		GCs-MCF	
	<u></u>				<u> </u>	
GAS WELL					I Granu of Corposition	
Actual Prod. Toet-MCF/D	Length of T	• at	Bbis. Condensore/MMC)F	Grayity of Concenegie	
Testing Method (pitot, back pr.)	Tubing Pres	ewe (shut-in)	Cosing Fressure (Ebu	t-in)	Choke Size	
	<u> </u>			CONSEDIVA	TION COMMISSION	
I. CERTIFICATE OF COMPLIAN	CE		OIL.		28 1981	
I hereby certify that the rules and	regulations	of the Oil Conservation	APPROVED			
Commission have been complied above is true and complete to the				ned by FRANK	T. CHAVEZ SUPERVISOR DISTRICT # 3	
	and a		TITLE			
		6	This form is	to be filed in (compliance with RULE 1184	

(Signature) Drilling & Production Engineer

If this is a request for allowable for a newly drilled or despends 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 allowable on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner well name or number, or transporter, or other such change of condition well name. Forms Called must be filed for each need to multiple

(Tule) |30/80 (Date)