| DISTRIBUTION | | | |
|--------------|-----|---|--|
| SANTA FE | | | |
| FILE | | | |
| J.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| | | _ | |

NEW NEXICO OIL CONSERVATION COMMISSION

| SANTA FE | REQUEST | FOR ALLOWABLE | Supersedes Old C-104 and C-110 Etiocise 1-1-65 | |
|---|---|---|---|--|
| J.S.G.S. | AUTHORIZATION TO TRA | AND NSPORT OIL AND NATURAL G | | |
| LAND OFFICE | | | | |
| TRANSPORTER GAS | 1 | | • | |
| OPERATOR |] | • | · · · · · · · · · · · · · · · · · · · | |
| PRORATION OFFICE | | | · . | |
| Southern Union Expl | oration Company | | | |
| 1217 Main Street, S | uite 400, Texas Federal B | | 02 | |
| Reason(s) for filing (Check proper bas | Change in Transporter of: | Other (Please explain) | on and address | |
| Recompletion | Oil Dry Gas | F-5 | or and address. | |
| Change in Owrership | Casinghead Gus Conden | | essway, Bldg. V, 5th Fl. | |
| If change of ownership give name and address of previous owner | SUPRON Energy Corporation | Dallas, Texas 75231 | | |
| DESCRIPTION OF WELL AND | LEASE Well No.; Pool Name, Including Fo | ermation Kind of Lease | Lease No. | |
| Navajo C | 2 Basin Dakota | State, Federa | cr Fee Fed. I149IND8469 | |
| Unit Letter L , 16 | 50 Feet From The South Line | and 990 Feet From 1 | rh•. West | |
| 27 | ownship · 27N · Range | 8W , nmpm, | San Juan County | |
| DESCRIPTION OF TRANSPOR | TED OF OU AND NATURAL CA | C | | |
| Nome of Authorized Transporter of Of | TER OF OIL AND NATURAL GA | Address (Give address to which approx | | |
| Plateau Name of Authorized Transporter of Co | or Dry Gas X. | !Box 108, Farmington, NM 87401 Ed Gas Or Dry Gas X. Address (Give address to which approved copy of this form is to be sent) | | |
| El Paso Natural Gas | | Box 990, Farmington, NM 87401 | | |
| If well produces oil or liquids, give location of taxes. | Unit Sec. Twp. F.ge. | Is gas actually connected? Whe | · n | |
| | ith that from any other lease or pool, | give commingling order number | | |
| Designate Type of Completi | | New Well Workover Deepen | Plug Book Same Res'v. Diff. Res'v. | |
| Date Spudded | Date Compl. Ready to Frod. | Total Depth | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | Top O1/Gas Pay | Tuking Depth | |
| · | | | Depth Casing Shoe | |
| Perforations . | | | | |
| | TUBING, CASING, AND | CEMENTING RECORD | SACKS CEMENT | |
| HOLE SIZE | CASING & TOBING SIZE | | | |
| | | | | |
| | | 1 | | |
| TEST DATA AND REQUEST F | FOR ALLOWABLE (Test must be a) able for this de | fier recovery of total volume of load oil pth or be for full 24 hours) | and must be equal to or exceed top allow- | |
| Oll, WELL Dote First New Oil Run To Tonks | Date of Test | Producing Method (Flow, pump, gas li | (1, e1c.) | |
| Length of Test | Tubing Pressure | Cosing Pressure | Chore Size | |
| | | Woter-Bbls. | GootMCF | |
| Actual Prod. During Test | O11 - Bbis. | weter- Sbis. | | |
| | | - | | |
| GAS WELL Actual Prod. Toet-MCF/D | Length of Test | Bbls. Condenscie/MMCF | Gravity of Concensate | |
| | Tubing Presews (Shut-in) | Cosing Fressure (Shut-in) | Choke Size | |
| Testing Method (puot, back pr.) | | | | |
| CERTIFICATE OF COMPLIAN | JAN 28 1981 | | 28 1981 | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | Original Signed by FRANK T. CHAVEZ | | |
| above is true and complete to the best of my knowledge and belief. | | SUPERVISOR DISTRICT # 3 | | |
| This form is to be filed in complian | | compliance with RULE 1104. | | |
| If this is a request for allowable for a newly drilled or dea | | | vable for a newly drilled or despensed nied by a isbulation of the deviation | |
| Drilling & Production Engineer All sections of this form must be fulled out completely | | | rdance with RULE 111. 💍 | |
| (Tule) able on new and recompleted wells. | | | IIa. | |
| 12/ | 30/80 | Fill out only Sections I. I well name or number, or transpor | I. III, and VI for changes of owner, ter, or other such change of condition. | |