

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

**RECEIVED**

**FEB 25 1975**

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
**Southern Union Production Company** ✓  
 Address: Suite 1700, Campbell Centre  
 8350 North Central Expressway Dallas, Texas 75206  
**O. C. C.**  
**ARTESIA, OFFICE**

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Re-entry  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner Getty Oil Company's Wilson Federal #1

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Shelby Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Wildcat</b>	Kind of Lease State, Federal or Fee	Lease No. <b>NM-12828</b>
Location: Unit Letter <b>H</b> ; <b>2310</b> Feet From The <b>North</b> Line and <b>990</b> Feet From The <b>East</b> Line of Section <b>13</b> Township <b>22-South</b> Range <b>24-East</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Southern Union Gas Company</b>	<b>Bob McCrary</b> <b>14th Floor Fidelity Union Tower Dallas, 75201</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	Is gas actually connected?		When	
	<b>yes</b>		<b>2/12/75</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>			<b>X</b>			
Date Spudded <b>9/12/73</b>	Date Compl. Ready to Prod. <b>12/28/73</b>	Total Depth <b>10,766'</b>		P.B.T.D. <b>10,469'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>GL-3878</b>	Name of Producing Formation <b>Strawn</b>	Top Oil/Gas Pay <b>9,094</b>		Tubing Depth <b>9,336'</b>				
Perforations <b>9094-9100'</b>						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>10,508'</b>		<b>570</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

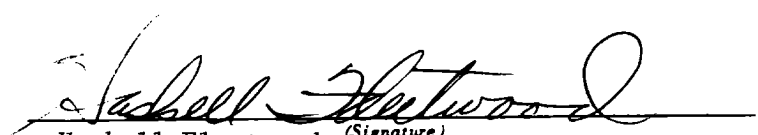
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <b>CAOF-400 MCF/D</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF <b>Dry Gas</b>	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) <b>925#</b>	Casing Pressure (Shut-in) <b>1100#</b>	Choke Size <b>1/4"</b>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
 Haskell Fleetwood (Signature)  
 Manager, Drilling & Production (Title)

February 19, 1975 (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened 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.