		i	
DISTRIBUTION			1
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS		
OPERATOR			

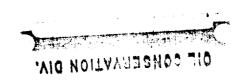
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	SANTA FE	NEW MEXICO OIL	CONSERVATION COMMIL ON T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1			
	U.S.G.S. AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA			Effective 1-1-65			
	LAND OFFICE	GAS					
	TRANSPORTER OIL						
	GAS						
	OPERATOR						
1.							
	Operator Southern Union Exploration Company						
	Suite 1800, First In						
	Reason(s) for filing (Check proper &	ox)	S, TX 75270 Other (Please explain)				
	New Well Change in Transporter of: Recompletion Oil X Dry Gas Content (Please explain) Requested test allowable of 40 BOP						
Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner	Charles B. Gillespie,	Jr., P.O. Box 8, Midland	Texas 79702			
II. DESCRIPTION OF WELL AND LEASE							
	State "A"	Well No. Pool Name, Including	1	(Legae No.			
	Location	2 N. Bagley, U	Penn State, Federa	al or Fee State NM-V22			
		20 Feet From The South					
	Unit Letter M; 5	20 Feet From The South L	ine and 660 Feet From	The West			
	Line of Section 3	ownship]]_S Range	33-E , NMPM, 10a				
•			40	County			
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS				
	Name of Authorized Transporter of C		Address (Give address to which appro	ved copy of this form is to be sent)			
	Southern Union Refin		P.O. Box 980, Hobbs, NM 88240				
	Transferrer of the state of the	casinghead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)			
	//	Unit Sec. Twp. Rge.	Is gas actually connected? Whi				
	If well produces oil or liquids, give location of tanks.	i.ge.	NO Who	en			
	If this production is commingled a	with that feet and the land					
IV.	COMPLETION DATA	with that from any other lease or pool,	, give commingling order number:				
	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	•						
	Date Spudded 3/13/68	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	4/13/68 Name of Producing Formation	10,300'	10,250'			
	4275' Tubing Head	Upper Penn	Top Oil/Gas Pay 9550	Tubing Depth			
	Perforations	opper remi	1 9550	9485'			
	9551'-9559'			Depth Casing Shoe			
		TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
ŀ	15"	12 3/4"	360'	375			
l	. 11"	8 5/8"	3,782	450			
	<u>7_7/8"</u>	5 1/2"	10,288'	500			
L	2 3/8"	N-80 4.7#	9,485'				
	TEST DATA AND REQUEST F		ifter recovery of total volume of load oil c	and must be equal to or exceed top allow-			
ī	OIL WELL Date First New Oil Run To Tanks	Date of Test	eptit or de for futt 24 hours				
		2-10 0	Producing Method (Flow, pump, gas lift, etc.)				
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
				Short Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF			
Ĺ				_			
	0.40						
Ľ,	GAS WELL Actual Prod. Test-MCF/D	Length of Test	I Division in the second				
		Langua of 1 and	Bbls. Condensate/MMCF	Gravity of Condensate			
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Challe 0			
		(5222-22)	Cusing Pressure (Shut-In)	Choke Size			
ب ۲. (۲	CERTIFICATE OF COMPLIAN	CF	011 00110551111				
. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
I	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED FEB 25 1980 19 Drig. Signed by				
C							
above is true and complete to the best of my knowledge and belief.		BY Jerry Sexton					
			TITLE Dist 1.				
			•				
	TouAla	to be and	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
_	(Sign	atwe)	well, this form must be accompanied by a tabulation of the deviation				
D	rilling & Production En		tests taken on the well in accord	ance with RULE 111.			
	/ (Ti	ile)	Air sections of this form mus.	t be filled out completely for allow-			

she 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.

Secreta Forms C-104 must be filed for each pool in multiply



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