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

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

Operator Southern Union Supply Company		
Address 1800 First International Bldg., Dallas, Texas 75270		
Reason(s) for filing (Check proper box)		Other (Casinghead Gas MUST NOT be
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	FLARED AFTER 9/18/77
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	IS OBTAINED.

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name SUSCO - State	Well No. 1	Pool Name, Including Formation Flying "M" San Andres	Kind of Lease State, Federal or Fee State	Lease No. LG-3219
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 19 Township 9-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Southern Union Refining Company	Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Texas 75270	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> To be negotiated	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 19
	Twp. 9-S	Rge. 33-E
	Is gas actually connected? No	
	When	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/31/77	Date Compl. Ready to Prod. 7/7/77		Total Depth 4500		P.B.T.D. 4450			
Elevations (DF, RKB, RT, GR, etc.) 4368.7 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4316-4428		Tubing Depth 4330			
Perforations 4325, 4326, 4328, 4330, 4332, 4334, 4337, 4339, 4340, 4341, 4342, 4344, 4349, 4350, 4351, 4352, 4353, 4355, 4357, 4359, 4360, 4361, 4362,					Depth Casing Shoe 4500			
TUBING, CASING, AND CEMENTING RECORD 4364, 4366								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		497		425			
7-7/8	4-1/2		4500		1510			

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)

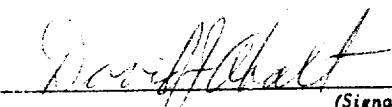
Date First New Oil Run To Tanks 7/8/77	Date of Test 7/9/77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 160	Water-Bbls. 33	Gas-MCF 104

GAS WELL

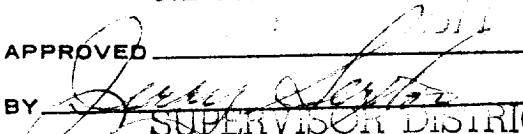
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Drilling & Production Engineer
(Title)
July 11, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
SUPERVISOR DISTRICT I
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.