

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|--|
| Operator Southern Union Exploration Company | |
| Address 1217 Main Street, Suite 400, Texas Federal Bldg, Dallas, Texas 75202 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Other (Please explain) Change of Operator as of 01-01-84 |
| If change of ownership give name and address of previous owner 1217 Main Street, Suite 400 Southern Union Exploration of Tx, Texas Fed Bldg., Dallas, Tx 75202 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|------------------|
| Lease Name Susco State | Well No. 4 | Pool Name, including Formation Flying "M" San Andres | Kind of Lease State, Federal or Fee State | Lease LG-3219 |
| Location Unit Letter 0 : 1780 Feet From The East Line and 660 Feet From The South Line of Section 19 Township 9S Range 33E, NMPM, Lea Cour | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|------------|------------|-------------|-----------------------------------|----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corporation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 19 | Twp. 9S | Rge. 33E | Is gas actually connected? Yes | When 9/6/78 |

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't. | Diff. R- |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| Perforations | | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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)
January 12, 1984
(Date)

OIL CONSERVATION DIVISION
JAN 24 1984
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 Form C-104 must be filed for each pool in multi-regulated wells.