7J{			ATION DIVISION	Form C-104 Revised 10-1-78		
			W MEXICO 87501			
	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
1.						
	Southern Union Exploration Company					
	.1217 Main Street, Suite 400, Texas Federal Bldg, Dallas, Texas 75202					
	New Well Change in Transporter el: Recompletion Cil Dry Ges Change in Ownership Casinghead Ges Condensate					
	If change of ownership give name , and address of previous owner	Southern Union Exploration	1217 Mai on of Tx, Texas Fed Bldg	in Street, Suite 400 1., Dallas, Tx 75202		
1.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F		2000		
	Susco State	5 Flying "M" Sar	***********			
	Unit LetterI ; _184() Feet From The South Lin		The East		
	Line of Section 19 T.	mahtp 9S Range	<u>33Е , ммрм, Le</u>	a Coun		
1.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		roved copy of this form is to be sent)		
Mobil Oil Corporation Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗌		P. O. Box 900, Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)				
	Warren Petroleum Company If well produces oil or liguids, Unit , Sec. Twp. Rge.		P. O. Box 1589, Tulsa; Oklahoma 74102			
	give location of tanks. I 19995 33E Yes 11/4/18					
	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA 'Oil Well 'Gas Well 'New Well 'Workover 'Deepen 'Plug Eacs 'Same Hesty.' Diff. He					
	Designate Type of Completic	Date Campi. Heady to Prod.	Total Deptn	P.B.T.D.		
	Lievauons (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
	Perforationa			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
I	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a able for this de Date of Tees	fier recovery of total volume of load or opth or be for full 24 hours) Producing Method (Flow, pump, gas	il and must be equal to or exceed top al liji, etc.j		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Cil-Bals.	haier-Bols.	Gas - MCF		
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Ī	GAS WELL	Length of Teet	Bble. Condenegte/MMCF	Gravity of Concensate		
-	Teeting Method (publ, back pr.)	Tubing Pressure (Shut-in)	(Cosing Pressure (Shut-12)	Choke Size		
	CERTIFICATE OF COMPLIANO	F		ATION DIVISION		
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.		APPROVED JAN 2				
		DYORIGINAL SIGNED BY JERRY SEXTON				
		THE This form is to be filed in	compliance with MULE 1104,			
		If this is a request for allowable for a newly drilled or deepr well, this form must be accompanied by a tabulation of the deviation tasts taken on the well in accordance with MULE 111. All sections of this form must be filled cut completely for all able on new and recompleted wells. Fill out only Sections 1. 11, 111, and VI for changes of our well name or number, or transporter, or other such change of condit Separate 1 orms C-104 must be filled for each pool in mult reconstruct wells.				
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