

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

Form C-104
Revised 10-01-78
Format 00-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Southern Union Exploration Company

Address
P. O. Box 2179 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell Groebli <i>et al</i>	Well No. 1	Pool Name, including Formation Flying "M" San Andres	Kind of Lease State, Federal or Fee <i>Fee</i>	Lease No.
Location Unit Letter <i>B</i> : <i>660</i> <i>520</i> Feet From The <i>North</i> Line and <i>1980</i> <i>1840</i> Feet From The <i>East</i> Line of Section <i>30</i> Township <i>9</i> Range <i>33</i> , NMPM, <i>Lea</i> 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"/> <i>The Permian Corp.</i>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 Midland, TX 79702-9986
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 1689 Lovington, NM 88260
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Martin D. Boggs

Drilling & Production Supt.

November 17, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED *DEC 11 1987*, 19

BY *ORIGINAL SIGNED BY JERRY SEXTON*

TITLE *DISTRICT I SUPERVISOR*

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper 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 own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

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CCB
HOBBS OFFICE