

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
|------------------------|-----|
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| SANTA FE               |     |
| FILE                   |     |
| U.S.U.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |
| 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 ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change of Operator as of 1-4-84

If change of ownership give name  
and address of previous owner1217 Main Street, Suite 400  
Southern Union Exploration of Tx, Texas Fed Bldg., Dallas, Tx 75202

## DESCRIPTION OF WELL AND LEASE

|                           |                 |                                                         |                                        |                       |                       |
|---------------------------|-----------------|---------------------------------------------------------|----------------------------------------|-----------------------|-----------------------|
| Lease Name<br>Susco State | Well No.<br>6   | Pool Name, including Formation<br>Flying "M" San Andres | Kind of Lease<br>State, Federal or Fee | State<br>State        | Lease No.<br>NM-63219 |
| Location                  |                 |                                                         |                                        |                       |                       |
| Unit Letter<br>H          | 2120            | Feet From The<br>North                                  | Line and<br>800                        | Feet From The<br>East |                       |
| Line of Section<br>19     | Township<br>9-S | Range<br>33-E                                           | NMPM.                                  | Lea                   | County                |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |            |             |              |                                   |                |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|-------------|--------------|-----------------------------------|----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |            |             |              |                                   |                |
| Mobil Oil Company                                                                                                        | P. O. Box 900, Dallas, Texas 75221                                       |            |             |              |                                   |                |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |            |             |              |                                   |                |
| Warren Petroleum Company                                                                                                 | P. O. Box 1589, Tulsa, Oklahoma 75102                                    |            |             |              |                                   |                |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit<br>I                                                                | Sec.<br>19 | Twp.<br>9-S | Rge.<br>33-E | Is gas actually connected?<br>Yes | When<br>3/3/80 |

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

## COMPLETION DATA

|                                      |                             |          |                 |          |                   |           |              |            |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|--------------|------------|
| Designate Type of Completion - (X)   | Oil well                    | Gas well | New well        | Workover | Deepen            | Plug back | Same as last | Drill. no. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | Prod. 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      |           |              |            |
|                                      |                             |          |                 |          |                   |           |              |            |
|                                      |                             |          |                 |          |                   |           |              |            |
|                                      |                             |          |                 |          |                   |           |              |            |

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 oil  
able 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 (Shut-in) | Casing Pressure (Shut-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.

Drilling &amp; Production Engineer

(Title)

January 12, 1984

(Date)

## OIL CONSERVATION DIVISION

JAN 24 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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 data  
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  
well name or number, or transporter, or other such change of cond.Separate Form C-104 must be filed for each pool in well  
recompleted wells.

RECEIVED  
JAN 23 1984  
O.C.D.  
HOBBS OFFICE