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TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator  
**Southern Union Exploration Company**

Address  
**1217 Main Street, Suite 400, Texas Federal Bldg, Dallas, Texas 75202**

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:		Change of Operator as of 01-01-84
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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**

2. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State "17"</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Austin (Mississippian)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>LG3333</b>
Location				
Unit Letter <b>F</b>	<b>1980</b>	Feet From The <b>North</b>	Line and <b>1980</b>	Feet From The <b>West</b>
Line of Section <b>17</b>	T. andship <b>14S</b>	Range <b>36E</b>	NMPM, <b>Lea</b>	County <b></b>

3. 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)
<b>Southern Union Refining Company</b>	<b>4201 Wingren Rd., Suite 112 Irving, Tx 75062</b>
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)
<b>El Paso Natural Gas</b>	<b>P. O. Box 1492, El Paso, Texas 79978</b>
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rge.    Is gas actually connected?    When
	<b>F    17    14S    36E    Yes    5/11/80</b>

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. R.
<b>(X)</b>								
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								
MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

5. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of hole 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

6. GAS WELL

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

7. 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

APPROVED **JAN 24 1984**, 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 deep well, this form must be accompanied by a tabulation of the device 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 conditions.

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

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JAN 23 1984  
O.C.D.  
HQBLS OFFICE