DISTRIBUTION SANTA FE FILE	REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes Old C-104 and C-116 Elfective 1-1-65	
LAND OFFICE TRANSPORTER GAS -	AUTHORIZATION TO TRANS	SPORT OIL AND N	IATURAL GA	S	
PRORATION OFFICE				· · · · · · · · · · · · · · · · · · ·	
Southern Union Exploration of Texas					
1217 Main Street, Suite 400, Texas Federal Bldg., Dallas, Texas 75202					
Reason(s) for filing (Check proper box)					
New Well Recompletion	New Well Change in Transporter of: Oil Dry Gas Change of operator and address.				
Change in Ownership Casinghead Cas Condensate 1217 Main Street, Suite 400,					
If change of ownership give name Southern Union Exploration Company, Texas Federal Bldg., Dallas, TX 75202					
DESCRIPTION OF WELL AND L	EASE Well No.; Pool Name, Including Form	mation	Kind of Lease	Lease No.	
State "17"	1 Austin (Mississ		State, Federal	State LG3333	
Unit Letter: 1980 Feet From The North Line and 1980 Feet From The West					
Line of Section 17 Township 14-S Range 36-E , NMPM, Lea County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Oil Southern Union Refining	Company			112, Irving, TX 75062 If copy of this form is to be sent;	
Name of Authorized Transporter of Casinghed Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Fige. Is gas actually connected? When					
If this production is commingled with that from any other lease or pool, give commingling order number:					
Designate Type of Completion	On wen	New Well Workover	Deepen	Plug Back Same Restr. Diff. Restv.	
Date Spudded		Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tuking Depth	
Perforations Depth Casing Shoe					
	TUBING, CASING, AND	CEMENTING RECO		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE				
		of total up	lume of load all s	and must be squal to or exceed top allow-	
TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.)					
Date First New Cil Run To Tanks	Date of Test			Choie Size	
Length of Test	Tubing Pressure	Cosing Pressure		·	
Actual Fred, During Test	OII - Bbis.	Woter-Bbls.	<u>.</u>	Ges-MCF	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF	Gravity of Concentrate	
Testing Method (pilot, back pr.)	Tuting Pressure (Shut-in)	Casing Fresswe (Sh	rt-in)	Choke Sixe	
CERTIFICATE OF COMPLIAN	CE	OIL		TION COMMISSION	
I hereby certify that the sules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED 19			
		Orig. Signed by Jeary Section			
0 1001		TITLE This form is to be filed in compliance with RULE 1104.			
In Ith	11 4		Lin for a mambu dellind or deepered.		
- AN A G	well, this form m	well, this form must be accompanied by a tabustion of the deviation of the			
Drilling & Production E	I able on new and	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
- 12/30/80 (Daie) well			ber of transpor	II. III, and VI for changes of owner, ter, or other such change of condition. It has fitted for each and in multiple	