| J. 01 697.22     |     |  |
|------------------|-----|--|
| DISTRIBUTIO      |     |  |
| SANTA FE         |     |  |
| FILE             |     |  |
| ປ.S.G.S.         |     |  |
| LAND OFFICE      |     |  |
| IRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |
| Operator         |     |  |

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

|  | SANTAFE   | REQUEST  | FOR ALLOWABLE   | Supersedes Ola<br>Effective 1-1-6 | Supersedes Old C-104 and C-11 |                 |  |
|--|---|--|---|-----------------------------------|-------------------------------|-----------------|--|
|  | FILE  | AND  |   | E110C1110 1-1-0                   | •                             |                 |  |
|  | LAND OFFICE   | AUTHORIZATION TO TRA                                   | ANSPORT OIL AND NA  | TURAL GAS                         |                               |                 |  |
|  | OIL   | 1  |   |                                   |                               |                 |  |
|  | TRANSPORTER GAS   | 1  |   |                                   |                               |                 |  |
|  | OPERATOR  | 1  |   |                                   |                               |                 |  |
| 1.   | PRORATION OFFICE  | 1  |   |                                   |                               |                 |  |
|  | Operator  |  |   |                                   |                               |                 |  |
|  | Southern Union Explora  | tion Company   |   |                                   |                               | ····            |  |
|  | Address   | 217 Main Ct D-31 TV                                    | 75000   |                                   | ,                             |                 |  |
|  | Reason(s) for filing (Check proper box,   | <u> 217 Main St., Dallas, TX</u>                       | 75202 Other (Please e   | rata (a.)                         |                               | <del> </del>    |  |
|  | New Well  | Change in Transporter of:                              | Omer it rease e   | epiain)                           |                               |                 |  |
|  | Recompletion  | Oil Dry Go   | as Til  | •                                 |                               |                 |  |
|  | Change in Ownership   | Casingheai Gus Condei                                  | <b>├</b> ≒ ! `  |                                   |                               |                 |  |
|  |   |  |   |                                   |                               |                 |  |
|  | If change of ownership give name and address of previous owner  |  |   |                                   |                               |                 |  |
|  |   |  |   |                                   |                               |                 |  |
| 11.  | DESCRIPTION OF WELL AND   |  |   | <del> </del>                      |                               |                 |  |
|  | Lease Name Weil No. Pool Name, Including Formation Kind of Lease  |  |   |                                   |                               | Lease No.       |  |
|  | State "17"  | Austin (Missi  | (Mississippian) State, Federal  |                                   | • State                       | LG3333          |  |
|  | Location . E 16   | Nonth  | 1000  | ,                                 | laat.                         |                 |  |
|  | Unit Letter ; 13  | 980 Feet From The North Lin                            | ne and1980  | Feet From The                     | west                          |                 |  |
|  | Line of Section 17 Tov  | waship 14-S Range 3                                    | 6-E , NMPM,   | Lea                               |                               | County          |  |
|  | Line of Section 17 100  | Traine 3   | O L , INVIENC,  | Lea                               |                               | County          |  |
| III.   | DESIGNATION OF TRANSPORT  | ΓER OF OIL AND NATURAL GA                              | <b>IS</b>   |                                   |                               |                 |  |
|  | Name of Authorized Transporter of Oil   |  | Andress (Give address to  | which approved co                 | by of this form is to         | be sent)        |  |
|  | Southern Union Refining   |  | 4201 Wingren Road, Suite 112, Irving, TX 75062  |                                   |                               |                 |  |
|  | Name of Authorized Transporter of Cas   | Address (Give address to                               | Address (Give address to which approved copy of this form is to be sent)  |                                   |                               |                 |  |
|  | El Paso Natural Gas   |  | P.O. Box 1492, E  |                                   | 79978                         |                 |  |
|  | If well produces oil or liquids,  | Unit Sec. Twp. P.ge.                                   | Is gas actually connected?  |                                   |                               |                 |  |
|  | give location of tanks.   | F   17   14-S   36-E                                   | <u>No</u>   |                                   | /80                           |                 |  |
|  | If this production is commingled wit  | h that from any other lease or pool,                   | give commingling order n  | umber:                            |                               |                 |  |
| IV.  | COMPLETION DATA   | Oil Well Gas Well                                      | New Well Workover   | Deepen Plug                       | Back   Same Res               | v. Diff. Res'v. |  |
|  | Designate Type of Completio   |  | XX  |                                   |                               | 1               |  |
|  | Date Spudded  | Date Compl. Ready to Prod.                             | Total Depth   | P.B.                              | T.D.                          | <del></del>     |  |
|  | 2/3/80  | 4/16/80  | 13.831'   | 1                                 | 3,791'                        |                 |  |
|  | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation                            | Top Oll/Gas Pay   |                                   | ng Depth                      |                 |  |
|  | 3962.0 GL   | Mississippian  | 13,205'   |                                   | 3,127'                        |                 |  |
|  | Perforations (2 22 0  |  |   | Dept                              | h Casing Shoe                 |                 |  |
|  | 13,228-13,258   |  |   |                                   |                               |                 |  |
|  |   | T  | CEMENTING RECORD  | <del></del>                       |                               |                 |  |
|  | HOLE SIZE   | CASING & TUBING SIZE                                   | DEPTH SET   | 1 1                               | SACKS CEM                     |                 |  |
|  | 17 1/2"<br>12 1/4"  | 13 3/4"<br>8 5/8"                                      | 395.57<br>4630'   |                                   | 00 sks Clas<br>0 sks HLC 8    |                 |  |
|  | 7_7/8"  | 5 1/2"   | 13.831  |                                   | O sks Class                   |                 |  |
|  |   | 2 3/8"   | 13,127  |                                   | 0 383 01433                   |                 |  |
| 11/  | TEST DATA AND REQUEST FO  | <del></del>  |   |                                   | st be equal to or ex          | ceed top allow- |  |
| ٧.   | 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) |  |   |                                   |                               |                 |  |
|  | Date First New Oil Run To Tanks   | Date of Test   | Producing Method (Flow, p   | ump, gas lift, etc.               | )                             |                 |  |
| ·  |   |  |   |                                   | Choke Size                    |                 |  |
|  | Length of Test  | Tubing Pressure  | Cosing Pressure   | Cno                               | 10 2110                       |                 |  |
|  | Actual Prod. During Test  | Oil-Bbis.  | Water-Bble.   | Gas                               | MCF                           |                 |  |
|  | Actual Prod. During 1001  | 022.2.   |   |                                   |                               | ļ               |  |
|  |   | <u> </u>   |   |                                   | <del></del>                   |                 |  |
|  | GAS WELL  |  |   |                                   |                               |                 |  |
|  | Actual Prod. Test-MCF/D   | Length of Test   | Bbls. Condensate/MMCF   | Grav                              | ity of Condensate             |                 |  |
|  | 320   | 4 hours  | 10  |                                   | 46                            |                 |  |
|  | Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)                              | Casing Pressure (Shut-1   | Choi                              | e Size                        |                 |  |
|  | Back pressure   | 2735#  | 0   |                                   | <u>Variabl</u>                | <u>e</u>        |  |
| VI   | CERTIFICATE OF COMPLIANO  | Œ  | OIL CC  | NSERVATION                        | COMMISSION                    |                 |  |
| ₹ 4.   | Cultilioning of Company   |  | <b>BA n N</b> 1 1 1   | 1400                              |                               |                 |  |
| I hereby certify that the rules 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 APPROVED , 19  |                                   |                               |                 |  |
|  |   |  | By van  | w. Al                             | ungen                         | ···             |  |
|  |   |  |   | Geolog                            | rist                          |                 |  |
|  |   | TITLE  | TITLE   |                                   |                               |                 |  |
|  | $\mathcal{L}$   | This form is to be filed in compliance with RULE 1104. |   |                                   |                               |                 |  |
|  | Monsto  | M. Olufa   | If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation |                                   |                               |                 |  |
|  | (Signa  | itwe)  | well, this form must be tests taken on the we   | <ul> <li>accompanied b</li> </ul> | y a tabulation of             | the deviation   |  |
|  | Drilling & Production E   | ngineer  | All sections of the   |                                   |                               |                 |  |

(Title)

(Date)

April 17, 1980

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Secreta Forms C-104 must be filled for each most in multiple.