e ne	BTATE OF NEW MEXICO RIGY AND MINERALS DEPARTMENT	TION DIVISION		• · · · · ·	Form C-104 Revised 10-1-78	
	Distribution P. O. BOX 2088 JANTA FT SANTA FE, NEW MEXICO 87501 Filt U.S.					
	TRANSPORTER OIL AND AND					
1.	AND AND AND AND AND AND AND AND					
	Southern Union Exploration Company					
	Address 1217 Main Street, Suite 400, Dallas, TX 75202					
	Reeson(s) for filing (Check proper box, New Well Recompletion		Other (Pleas	t esplainj		
	Change in Ownership	Casinghead Gas Conder	nsate X			
	If change of ownership give name and address of previous owner				-	
:1 .	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fi	ormalion	Kind of Lease		Lease No.
	Lea "L" State	1 Morton Morrow		State, Federal	or Foo State	LG1429
	Location Unit LetterG;_198	O Feet From The North Lin	e and1980	Feet From T	he <u>East</u>	
	Line of Section , 14 T.	mship 15S Range	34E . NMPN	،	Lea	County
П.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of Ci-	or Condensate	And:ess (Give address		ed copy of this form is to M 88240	be sent)
	Conoco, Inc. Autor Name of Authorized Transporter of Cas	P.O. Box 2587, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)				
			P.O. Box 236,			
	If well produces oil or liquide, cive location of tarks. G 14 155 34E Yes 10/25/79					
	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Oil Well Gas Well New Well Workover Deepen Plug Back Same Hes'v. Diff. Res'v					
	Designate Type of Completio	i		ا ۱ ل		, , l
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations				Depth Casing Shoe	
	HOLESIZE	DEPTH SET		SACKS CEMENT		
	HULE SIZE	CASING & TUBING SIZE				
	· · · · · · · · · · · · · · · · · · ·					
			l		÷	
٦.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total valume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)					
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fior	v, pump, gas lij	1, elc.)	
	Length of Teel	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	С11-Вые.	Water-Bbls.		Gas+MCF	
•	GAS WELL					
ſ	Actual Prod. Teel-MCF/D	Length of Test	Bbla. Condensate/MMC	F	Gravity of Concenegte	
ł	Testing Method (pitot, back pr.)	Tubing Presews (Shut-in)	Casing Pressure (Shut	:-in)	Choze Size	
] 	CERTIFICATE OF COMPLIANO	[CE		ONSERVAT	I	
		APPROVED SEP 18 1984				
	I hereby certify that the rules and r Division have been complied with above is true and complete to the	BYORIGINAL SIGNED SY CARE ASSITON				
	move is intro and complete to the	DISTRACT I SUPERVISE				
			This form is to be filed in compliance with MULE 1104.			
-	David W. Kee	If this is a request for allowable for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with HULE 113. All sections of this form must be filled out completely for allow able on new and recompleted wells.				
	sieno) Drilling & Production					
•	September 13, 1984					
(Date)			well name or number, or transporter, or other such change of condities			

RECEIVED

SEP 1 4 1984