

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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DISTRIBUTION

SANTA FE

FILE

U.S.O.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATION

PERMITS OFFICE

Operator  
Southern Union Exploration Company

Address  
1201 Elm Street, Suite 1800      Dallas, Texas 75270

Reason(s) for filing (Check proper box)  
New Well ☐      Change in Transporter oil:  
Recompletion ☐      Oil ☐      Dry Gas ☐  
Change in Ownership ☐      Casinghead Gas ☐      Condensate ☐

Other (Please explain)  
Test oil - 1000 Bbls. Dec 1988

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name  
SNM 33-16-33

Well No.  
2

Pool Name, Including Formation  
Sanmal Penn

Kind of Lease  
State, Federal or Fee      State

Lease No.  
NM-1351

Location  
Unit Letter J      1650 Feet From The South Line and 1650 Feet From The East  
Line of Section 33      Township 16S      Range 33E      , NMPM,      LEA      County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas New Mexico Pipeline

Address (Give address to which approved copy of this form is to be sent)  
Box 2528      Hobbs, NM 88248

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Gonoco

Address (Give address to which approved copy of this form is to be sent)  
Drawer 1267      Ponca City, OK 74602

If well produces oil or liquids, give location of tanks.

Unit  
F

Sec.  
33

Twp.  
16S

Rge.  
33E

Is gas actually connected?      When  
NO

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

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

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

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

V. 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 allowable 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 (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

VI. 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.

David W. Stevens  
Manager of Reserves & Acquisitions  
(Signature)  
December 14, 1988  
(Date)

OIL CONSERVATION DIVISION  
DEC 19 1988  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **JERRY SEXTON**  
DISTRICT 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 deepen well, this form must be accompanied by a tabulation of the deviated 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 own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

ORIGINAL FROM THE  
DISTRICT OF COLUMBIA

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