

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

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FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Southern Union Exploration Company	
Address 1217 Main Street, Suite 400, Dallas, Texas 75202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>8/9/84</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Kathy Folk	Well No. #1	Pool Name, Including Formation North Vacuum <u>Midcoat</u>	Kind of Lease State, Federal or Fee State	Lease No. NM-1634
Location Unit Letter <u>H</u> : <u>1800</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>16S</u> Range <u>35E</u> , NMPM, Lea County				

III. 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)					
Southern Union Refining Company	P.O. Box 980, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Not connected yet						
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 32	Twp. 16S	Rge. 35E	Is gas actually connected? No	When As soon as contract is arranged

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 2/26/84	Date Compl. Ready to Prod. 6/9/84	Total Depth 11,015'	P.B.T.D. 10,943'
Elevations (DF, RKB, RT, GR, etc.) 4000.70' GR	Name of Producing Formation Lower Wolfcamp	Top Oil/Gas Pay 10,826'	Tubing Depth 10,932'
Perforations 10,826'-834', 10,837'-840' and 10,846'-860'			Depth Casing Shoe 11,015'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	425'	420 sacks "C"
12 1/4"	9 5/8"	4844'	200 sks "C"/1700 sks Lit.
7 7/8"	5 1/2"	11,015'	875 sks 50/50 poz
N/A	2 7/8"	10,932'	N/A

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 6/9/84	Date of Test 6/10/84	Producing Method (Flow, pump, gas lift, etc.) Pumping (2 1/2" x 1 1/4" x 34')	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure 0	Choke Size N/A
Actual Prod. During Test 60 BO	Oil-Bbls. 60	Water-Bbls. 34	Gas-MCF 195

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED <u>JUN 18 1984</u> , 19____	
Pat G. Harrell (Signature) Pat G. Harrell Drilling & Production Engineer (Title) June 12, 1984 (Date)		BY <u>JERRY SEXTON</u> DISTRICT I 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. 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 conditions. Separate Forms C-104 must be filed for each pool in multiple completed wells.	