	STATE OF NEW MEXICO	-			Form C-10 Revised 1	· · · · ·				
ENE	RGY AND MINERALS DEPARTMENT	OIL CONSERVA	TION DIVISIO	N		U-1-/.				
	P. O. BOX 2088									
1		SANTA FE, NEW	MEXICO 87501							
	Ph.8									
	CAND DEFICE REQUEST FOR ALLOWABLE									
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
1.	PROBATION OFFICE									
	Operator Southern Union Exploration Company									
	Address 1217 Main Street, Suite 400 Dallas, Texas 75202									
	IZI/ Main Street Reeson(s) for filing (Check proper box)		Other (Please	the second s	. <u> </u>					
	New Well	Change in Transporter of:								
	Recompletion	Oli Dry Gas Casinghead Gas Condens								
	Change in Ownership									
	If change of ownership give name and address of previous owner			<u> </u>		·				
	DESCRIPTION OF WELL AND L	EASE				hard Ma				
11.	Lease Name	West No. Poor redme, mereding (mation -	Kind of Lease State, Federal	or Foo Stata	Lease No. E-1085				
	Gallagher "8" State	2 North Vacuum (Morrow)		State	<u>] E=1005</u>				
	Location Location M : 660 Feet From The South Line and 660 Feet From The West									
	Unit Letteri;		34E , NMPM	ſ.	Lea	County				
	Line of Section 8 T. M	mship 175 Range	<u> </u>							
л.	DESIGNATION OF TRANSPORT	CONTERNATION OF CONTENSATE OF CONTENSATE OF	S Address (Give address	to which approve	ed copy of this form is i	io be sent)				
	Name of Authorized Transporter of Cil Conoco, Inc. Aughtace		PO Boy	2587	Hobbs, NM 8	8240				
	Name of Authorized Transporter of Cas.	Address (Give address			lo de sentj					
	Phillips Petroleum Compa	Unit Sec. Twp. Rge.	Odessa, Te	exas 7976(
	If well produces oil or liquids, give location of tanks.	M 8 175 34E	NO		·					
	If this production is commingled wit	h that from any other lease or pool, a	give commingling orde	r number:	<u> </u>					
iV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'				
	Designate Type of Completio		Total Depth		P.B.T.D.					
	Date Spudded	Date Compl. Ready to Prod.	Total Dopin							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
	Perforations		<u>l</u>		Depth Casing Shoe					
	TUBING, CASING, AND CEMENTING RECORD									
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH S		SACKS CE	MENT				
	HOLESIZE									
			ļ		i					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be of	fter recovery of social vol pth or be for full 24 hour	ume of load oil a s)	ind must be equal to or	exceed top all				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lif	t, etc.)					
					Choke Size	<u></u>				
	Length of Test	Tubing Pressure	Casing Pressure							
	Actual Prod. During Test	Oil-Bhis.	Water-Bbls.		Gas-MCF					
	· · · · · ·	l								
	GAS WELL		·····		Gravity of Condensat					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MM	JF	Gravity of Condensat					
	Teeting Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-im)	Choke Size					
					I DIVISION					
•1	CERTIFICATE OF COMPLIANCE			MAV Q	- 1986					
	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			. 19				
			BYORIGINAL SIGNED BY JERRY SEXTON- DISTRICT SUPERVISOR							
			TITLE	THE FLORE	1 20 PERVISON					
				to be filed in a	compliance with HUI	LE 1104.				
	Dail W. Steven		If this is a request for allowable for a newly drilled or deeper							
	- Sign	well, this form must be accompanied by the NULE tit. tests taken on the well in accordance with NULE tit. All sections of this form must be filled out completely for all								
	Drilling & Production Engineer (Tille)			18COMD19(94 99						
	May 6, 1986		Fill out only Sections 1, 11, 111, and VI for changes of own							
	. (De	ate)	Separate For	ins C-104 mus	t he filed for each	pool in mult				
	•		completed wells.							

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ENEF	GTATE OF NEW MEXICO IGY AND MINERALS DEPARTMENT	OIL CONSERVAT		N	Form C-10 Revised 1				
	00. 07 007110 01001100	P. O. BOX							
Ī	FANTA FE	SANTA FE, NEW	MEXICO 87501						
	IRANSPORTER OR GAS								
1.	Operator								
	Southern Union Exploration Company								
	1217 Main Street, Suite 400, Dallas, Texas 75202 Reeson(s) for filing (Check proper box) Other (Please explain)								
	New Well	Change in Transporter of: Out Dry Cas							
	Recompletion	Casinghead Gas Condens	ate 🕅						
ļ	Change in Ownership								
	If change of ownership give name and address of previous owner	· · · ·			<u></u>				
11.	DESCRIPTION OF WELL AND I	EASE Nell No. Pool Name, Including For	mation	Kind of Lease		Lease No.			
	Gallagher "8" State	State, Federal	or Foo State	<u>E-1085</u>					
	Location Unit LetterM:								
		nship 17S Range	34E , NMP	м,	Lea	County			
п.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address	to which approve	ed copy of this form is	to be sent)			
	Name of Authorized Transporter at Cli Conoco, Inc.	no Stand	P.O. Box 2587, Hobbs, NM 88240			to be sent)			
	Name of Authorized Transporter of Cas	ingheud Gue		Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, TX 75202					
	Western Gas Interstate	is gas actually connected? When							
	If well produces oil or liquida, Give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:								
· • •	If this production is commingled wit COMPLETION DATA		New Well Workove		Plug Back Same Re	s'v. Diff. Res'v			
	Designate Type of Completio			1					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oll/Gas Pay		Tubing Depth Depth Casing Shoe				
	Perforations								
		TUBING, CASING, AND	CEMENTING RECO	SET	SACKS CE	MENT			
	HOLE SIZE	CASING & TUBING SIZE							
	· · · · · · · · · · · · · · · · · · ·								
					+				
71	. 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 all able for this depth or be for full 24 hours)								
	OIL WELL Date First New Oil Bun To Tanks Date of Test		Producing Method (Flow, pump. gas I		Choke Size				
	Length of Test	Tubing Pressure	Casing Presewe			•			
	Actual Prod. During Test	CII-BMS.	Water-Bbls.						
	L								
	GAS WELL	Length of Test	Bhis. Condensate/M	MCF	Gravity of Condense	110			
	Testing Method (publ, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Bi	1 01-10)	Choke Size				
. 1	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION SEP 18 19		TION DIVISION				
	I hereby certify that the rules and regulations of the Dil Conservation Division have been complied with and that the information given above is true and complets to the best of my knowledge and belief.		IL APPROVED	the second se		_, 19			
			BYORIGINAL SUCHED ST STATE TEXTON						
	above is true and complete to th	BY ORIGINAL SIGNAL SIGNAL STANCT I SUPERMISOR							
	David W. 5	This form i If this is a	a to be filed in request for allo	compliance with HU wable for a newly di	n of the deviati				
(Signalw#)			If this is a request for allowable for a newly the deviation of the well in accordance with MULE 111. All sections of this form must be filled out completely for allowable to the deviation of the form must be filled out completely for allowable the deviation of the form must be filled out completely for allowable the deviation of the form must be filled out completely for allowable the deviation of the form must be filled out completely for allowable the deviation of the deviat						
	Drilling & Production Engineer (Tule)		All section able on new an	s of this form m d recompleted v	wells,	hances of own			
	September 13, 1984	able on new and recompletes 1. II. III, and VI for changes of own Fill out only Sections 1. II. III, and VI for changes of conditi- well name or number, or transporter, or other such change of conditi- Separate Forms C-104 must be filed for each poel in multi-							
			populated wella.						

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