

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Southern Union Exploration Company	
Address 1217 Main Street, Suite 400, Texas Federal Bldg, Dallas, Texas 75202	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	Other (Please explain) Change of Operator as of 1-1-84
Change in Ownership ☒	
If change of ownership give name and address of previous owner 1217 Main Street, Suite 400 Southern Union Exploration of Tx, Texas Fed Bldg., Dallas, Tx 75202	

2. DESCRIPTION OF WELL AND LEASE					
Lease Name Gallagher "8" State	Well No. 3	Pool Name, including Formation North Vacuum Atoka Morrow	Kind of Lease State, Federal or Fee	State	Lease No. E-1085
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>17-S</u> Range <u>34-E</u> NMPM, <u>Lea</u> County					

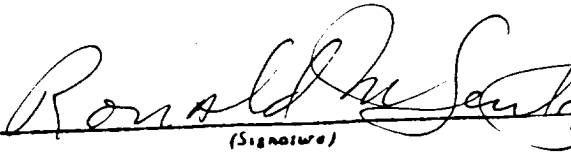
3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Southern Union Refining Company	Address (Give address to which approved copy of this form is to be sent) 11520 N. Central Expressway, Dallas, Tx 75243					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Western Gas Interstate Company	Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Tx 75270					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 8	Twp. 17-S	Rge. 34-E	Is gas actually connected? Yes	When 8/1/77

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

4. COMPLETION DATA								
Designate Type of Completion - (X)	Oil well	Gas well	New well	workover	Deepen	Plug Back	Same nesty.	Diff. nesty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Under				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

5. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
(Test must be after recovery of total volume of lead 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

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

7. 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.	
 (Signature) Drilling & Production Engineer (Title) January 12, 1984 (Date)	
OIL CONSERVATION DIVISION APPROVED <u>JAN 24 1984</u> , 19 BY <u>ORIGINAL SIGNED BY 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 deep well, this form must be accompanied by a tabulation of the device 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 well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in each recompleted well.	