

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Southern Union Exploration Co. of Texas

Address
1217 Main Street, Suite 400, Texas Federal Bldg., Dallas, Texas 75202

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:		Change of operator and address.
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner Southern Union Exploration Company, Texas Federal Bldg., Dallas, TX 75202

DESCRIPTION OF WELL AND LEASE

Lease Name Galagher "8" State	Well No. 3	Pool Name, including Formation North Vacuum Atoka Morrow	Kind of Lease State, Federal or Fee	State State	Lease No. E-1085
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Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East

Line of Section 8 Township 17-S Range 34-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate XXX	Address (Give address to which approved copy of this form is to be sent)
Southern Union Refining Company	11520 N. Central Expressway, Dallas, TX 75243
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas XXX	Address (Give address to which approved copy of this form is to be sent)
Western Gas Interstate Company	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
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
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

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.	Gcs - MCF

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ronald M. Senty
Drilling & Production Engineer
12/30/80

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____
Orig. Signed By
Jerry Sexton
TITLE _____
Dist. 1, Supv.

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 condition.

Separate Form C-104 must be filed for each pool in multiple