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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			j

6/1/77 (Date)

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS		ONSERVATION COMMIS FOR ALLOWABLE AND INSPORT OIL AND N		Form C-104 Supersedes Old (Effective 1-1-65	C-104 and C-110		
1.	OPERATOR PRORATION OFFICE Operator							
	Southern Union Supply Company							
	Suite 1800 First Inter Reason(s) for filing (Check proper box) New We!! X Recompletion Change in Ownership			explain)				
	If change of ownership give name and address of previous owner		<u></u>					
11	DESCRIPTION OF WELL AND I	LEASE						
•••	Lease Name Lea "A" State	Well No. Pool Name, Including Fo		Cind of Lease State, Recency on Ter		Legse No. E-1085		
	Locatio-	o vacadin (o bh)	<u></u> _L`	AGIC KWAWANAA	<u> </u>	E-1003		
	Unit Letter N ; 660	Feet From The South Lin	e and <u>1980</u>	Feet From The	West			
	Line of Section 8 Tow	mship 17S Range	34E , NMPM,		Lea	County		
111	DESIGNATION OF TRANSPORT	FR OF OU. AND NATURAL GA	S					
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to					
		Southern Union Refining Company The of Authorized Transporter of Casinghead Gas X or Dry Gas		First International Bldg., Dallas, Texas 75270 Address (Give address to which approved copy of this form is to be sent)				
Phillips Petroleum			Odessa, Texas 79760					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 8 17S 34E	Is gas actually connected Yes	•	known			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order	number:				
IV.	COMPLETION DATA	Oil Weil Gas Well	New Well Workove:	Deepen Plug	Back Same Res'	Diff. Res'v.		
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.	т.р.			
	Date Spudded 3/28/77	6/1/77	4800'	1.2.	4735			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oli/Gas Pay	Tubir	ng Depth			
	4090.7 GL	San Andres	4656	Depti	4650 h Casing Shoe			
	4656' to 4666' 4800							
		TUEING, CASING, AND CASING & TUBING SIZE	DEPTH SE		SACKS CEME	NT		
	HOLE SIZE 12-1/4	8-5/8"	510		300			
	7-7/8	5-1/2	4800		1950			
					<u> </u>			
٠ ٧.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volum	e of load oil and mu	st be equal to or ex	ceed top allow-		
	OII. WELL able 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.)							
	5 /8 /30	<i>€</i> /30	Pump					
	Length of Test	Tubing Pressure	Casing Pressure	Chok	Choke Size			
	24 hrs. Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas.	MCF			
		15	0		35			
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav	ity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Chok	e Size			
•.•	ONDERFORME OF COMPLIANCE	<u> </u>	OILC	ONSERVATION	1 COMMISSION			
VI.	CERTIFICATE OF COMPLIANCE		APPROVED 3 979 . 19					
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED					
	Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		Les Clements					
			TITLE	Oil & Gas	Insp.			
	() non	M-	This form is to	be filed in compli	ance with RULE	1104.		
	David Albalt		11	est for allowable in the accompanied b	v a tabulation of	ILLE GRATHITON		
	(Signature) Drilling Engineer Well, this form must be accordance with RULE 111. All sections of this form must be filled out completely for all							
	(Tit	All sections of able on new and rec	ompleted wells.					

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 Forms C-104 must be filed for each pool in multiply completed wells.