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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

I.

Operator	
Southern Union Production Company	
Address	
Suite 1700, 8350 North Central Expressway Dallas, Texas 75206	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Consolidated Oil & Gas 1800 Lincoln Tower Bldg. 1680 Lincoln Street Denver, Colorado 802

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lovington-State 9	1	Midway Abo	State, Federal or Fee State	E-8563
Location				
Unit Letter	M	500	Feet From The	South
Line of Section	9	Township	17-South	Range
			37-East	, 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)	
Texas-New Mexico Pipeline Company	Box 52332 Houston, TX 77052	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum	Rm 1160, Adams Bldg., Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	M	9
		17-S
		37-E
		Is gas actually connected?
		yes
		When
		N/A

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
2/17/63	4/16/63		9217		9074			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3780 KB	Abo		8732		8782			
Perforations					Depth Casing Shoe			
8813-26, 8837-44, 8856-73, 8882-8904								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		303		250			
11	8 5/8		3550		400			
7 7/8	4 1/2		9200		240			
	2 3/8		8782					

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)

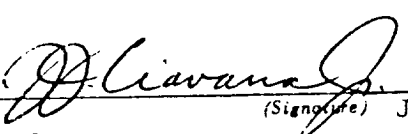
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4/11/63	4/16/63	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	50#	pkc	open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
296 BOPD	296 BO	0	NG

GAS WELL

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

VI. 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.


(Signature) J.J. Ciavarra, Jr.
Staff Engineer
(Title)
December 22, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 condition.
Separate Forms C-104 must be filed for each pool in multiple