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TRANSPORTER	OIL	
	GAS	
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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-114
Effective 1-1-65

I.

Operator Southern Union Production Company		
Address 8350 North Central Expressway, Suite 1700 Dallas, Texas 75206		
Reason(s) for filing (Check proper box)		Other (Please explain)
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

II. DESCRIPTION OF WELL AND LEASE See LS 2-9

Lease Name Lovington State 16	Well No. 1	Pool Name, including Formation Midway Abo	Kind of Lease State, Federal or Fee State	Lease No. E-8563
Location Unit Letter C ; 440 Feet From The North Line and 1980 Feet From The West Line of Section 16 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"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 52332-Houston, TX 77052					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) Rm 1160 Adams Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 16	Twp. 17-S	Rge. 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/23/62	Date Compl. Ready to Prod. 2/20/63		Total Depth 9048		P.B.T.D. 8997			
Elevations (DF, RKB, RT, GR, etc.) 3767 GL	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 8928		Tubing Depth 8930			
Perforations 8958-8979'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13 3/8	329	250
11	8 5/8	3570	400
7 7/8	4½	9048	300
	2 3/8	8940	

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 2/20/63	Date of Test 2/22/63	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 400#	Casing Pressure Pkr	Choke Size 14/64"
Actual Prod. During Test 239 BO	Oil - Bbls. 239 BOPD	Water - Bbls. 0	Gas - MCF 174 MCFPD

GAS WELL

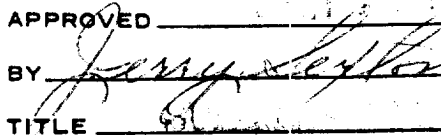
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 multiply