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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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner Consolidated Oil & Gas 1300 Lincoln Tower Bldg., 1860 Lincoln Street Denver, Colorado 80203

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lovington State 9	Well No. 2	Pool Name, Including Formation Midway Abo	Kind of Lease State, Federal or Fee State	Lease No. E-8563
Location				
Unit Letter N ; 1980 Feet From The West Line and 660 Feet From The South				
Line of Section 9 Township 17-S Range 37-E , 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 Company	Address (Give address to which approved copy of this form is to be sent) Box 52332 Houston, Texas 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 N	Sec. 9
	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/8/63	Date Compl. Ready to Prod. 8/12/63		Total Depth 9096		P.B.T.D. 9053			
Elevations (DF, RKB, RT, GR, etc.) 3784 DF	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 8834		Tubing Depth 8800			
Perforations 8901-8968 w/2 SPF					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15	10 3/4		295		250			
8 3/4	7		5550		350			
6 1/2	4 1/2		5350-9090		476			
	2 3/8" tbg		8800					

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)

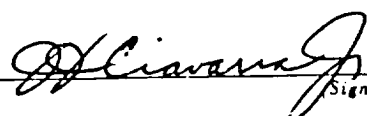
Date First New Oil Run To Tanks 8/10/63	Date of Test 8/12/63	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 75#	Casing Pressure pkr	Choke Size 1"
Actual Prod. During Test 231 BO	Oil-Bbls. 231 BO	Water-Bbls. 0	Gas-MCF NG

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.


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.