NO. OF COPIES RECE	EIVEO	l	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INAMSPONIEN	GAS		
OPERATOR			

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	REQUEST I	ONSERVATION COMMISS FOR ALLOWABLE AND INSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS			
ı.	PRORATION OFFICE Operator						
	Southern Union Supply C	Southern Union Supply Company					
	First International Bui Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	Other (Please explain)	GAS MUST NOT DA R /0/1//// MUZETION TO B-4000			
	If change of ownership give name and address of previous owner		s to a R				
11.	DESCRIPTION OF WELL AND						
	Pennzoil-State	Well No. Pool Name, Including For Undosignated Pennsylvanian-I		State			
	Unit Letter H; 198	Feet From The North Line	e and 660 Feet From	The East			
	Line of Section 18 Tow	waship 17-S Range 3	34-Е , _{МРМ} , Lea	County			
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA Or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)			
	Famariss Oil Corporation		P. O. Box 960, Hobbs,	N.M. 88240 7525C			
	Name of Authorized Transporter of Cas To be negotiated	inghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. H 18 17-S 34-E		Est. 9/15/76			
	If this production is commingled wit	th that from any other lease or pool,					
7 ₩ .	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	4/14/76	8/9/76	13555	13060			
	Elevations (DF, RKB, RT, GR, etc.) 4128 KB 4108 GL	Name of Producing Formation C. 500 Pennsylvanion-LeaMex 2		Tubing Depth 11015			
	Perforations			Depth Casing Shoe			
	11095-11104, 11111-11114, 11122-11125, 11154-11163 TUEING, CASING, AND CEA			13555			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
i	17-1/2	13-3/8	350	450			
	11	8-5/8	4735	1400			
	7-7/8	5-1/2	13555	1450			
V.	TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	8/9/76	8/10-8/11/76	Flowing				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	24 hours Actual Prod. During Test	300	Packer Water-Bbls.	1/4" Gas-MCF			
		315	-0-	195			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenscte/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE	CE		ATION COMMISSION			
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		APPROVED	, 19			
	Commission have been complied washove is true and complete to the	the and that the information given best of my knowledge and belief.	BY PROVED BY CITY OF DISTRICT T				
A		2	TITLE SUPERVISOR	(DIDIUM) 1			
	O come / M	5//\.	This form is to be filed in	compliance with RULE 1104.			

VI.

(Signature)
Chief Petroleum Engineer August 23, 1976 (Title)

(Date)

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 completed wells.