

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Southern Union Exploration Company

Address
1217 Main Street, Suite 400 Dallas, Texas 75202

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
UNAPPROVED GAS MUST NOT BE
RELEASED INTO THE ENVIRONMENT
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Supco State</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>North Vacuum (Abo)</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>OG-454</u>
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> 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"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2587 Hobbs, New Mexico 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NA</u>	Address (Give address to which approved copy of this form is to be sent) _____	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>17</u>
	Twp. <u>17S</u>	Rge. <u>34E</u>
	Is gas actually connected? <u>NO</u> When _____	

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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded <u>5/24/77</u>	Date Compl. Ready to Prod. <u>3/27/85</u>		Total Depth <u>13,550'</u>		P.B.T.D. <u>9,070'</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>4,086' GR</u>	Name of Producing Formation <u>ABO</u>		Top Oil/Gas Pay <u>8,858'</u>		Tubing Depth <u>9,070'</u>			
Perforations <u>8858'-70', 8872'-78', 8881'-98', 8912'-17', 8919'-30', 8936'-46'</u>					Depth Casing Shoe <u>13,550'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>353'</u>		<u>400 (circ.)</u>			
<u>11"</u>	<u>8 5/8"</u>		<u>4746'</u>		<u>1900 (circ.)</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>13550'</u>		<u>1200</u>			

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 <u>3/28/85</u>	Date of Test <u>3/30/85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>NA</u>	Casing Pressure <u>30 psi</u>	Choke Size <u>NA</u>
Actual Prod. During Test	Oil-Bbls. <u>50</u>	Water-Bbls. <u>50</u>	Gas-MCF <u>TSTM</u>

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Daniel W. Steven
(Signature)

Drilling and Production Engineer
(Title)

April 2, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED APR - 8 1985

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1101.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 Form C-104 must be filed for each pool in multi-completed wells.

RECEIVED

APR - 4 1985

O.C.D.
HOBBS OFFICE