NO. OF COPIES RECE			_
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DISTRIBUTIO	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
I HANSPORTER	GAS		
OPERATOR			
SOOR ATION OFFICE		1	

III.

IV.

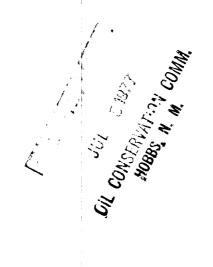
Ì	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSIC	Form C-104
!	SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-116
	FILE	AND Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	SAS .
	LAND OFFICE			
	TRANSPORTER GAS			
	OPERATOR PRORATION OFFICE			
1.	Operator	<u> </u>		
	SUPRON ENERGY CORPO	ORATION		
Address Suite 1700 hampbell Centre, 8350 North Central Expressway, Dallas, Texas 7520				
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:	Change of Opera	tor name from
	Recompletion	Oil KXK Dry Ga	Southern Union	Production Company
	Change in Ownership	Casinghead Gas Conden	nsate	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE	•	
•	Lease Name	Well No. Pool Name, Including Fo	· · · · · · · · · · · · · · · · · · ·	
	Barbara Federal	1 West Grama Ridg	ge-Bone Springs State, Federal	CorFee Federal NM-14004
	Location Unit Letter I 1980	Feet From The South Lin	e and 990 Feet From T	The East
			4 East , _{NMPM} ,	Lea County
	Line of Section 10.			
III.	Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA	S Address (Give address to which approv	ved copy of this form is to be sent)
	Summit Gas Company	SUMMIT TRANSPORTATION	2510 W. Front Street,	Midland TX 79701
	Summit Gas Company Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 1 6 22-S 34-E	Is gas actually connected? Whe	en .
1	If this production is commingled with	th that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA		New Well Workover Deepen	Piug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic		1 1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
			CENEUTING DECORD	
			DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTHSET	SACKS CEMENT
v.	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil of pth or be for full 24 hours)	and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	D. J.	Oil - Bbls.	Water-Bbls.	Gas • MCF
	Actual Prod. During Test	Ott-Bbib.		
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
				Challe Cice
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	Jerry L. Lee (Signature) well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11			
			APPROVED, 19	
			Orig. Sig	ned by
			Jerry Ser	TOU.
			11	
			This form is to be filed in c	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.	
	Engineer, Drilling and	FIOGUCCION	All sections of this form mu	at be filled out completely for allow-

(Title) June 29, 1977 (Date)

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.



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LAND OFFICE		
IRANSPORTER	OIL	
GAS		
OPERATOR		
PRORATION OFFICE		
Operator		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

- 1	FILE		AND			
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL O	GAS		
1	LAND OFFICE					
- 1	TRANSPORTER OIL					
-	GAS					
	OPERATOR OFFICE					
1.	PRORATION OFFICE Operator	<u> </u>				
į	-•	on Company				
ł	Southern Union Production Company					
- [1700 Campbell Centre 8	350 North Central Expres	ssway, Dallas, TX 75206			
Ì	1700 Campbell Centre, 8350 North Central Expressway, Dallas, TX 75206 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:				
	Recompletion	Oil X Dry Gas	·			
	Change in Ownership	Casinghead Gas Condens	sate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Leas	e Lease No.		
	Lease Name	1	nu. Dalaa	• -		
	Barbara Federal	1 West Grama Ridg	ge-Bone Springs	rederal MM-14004		
	Location	- · ·	000	The East		
	Unit Letter I; 198	Feet From The South Line	e and 990 Feet From	The East		
		mship 22-South Range 34-	-East , NMPM, Lea	County		
	Line of Section 6 Tow	nship 22-30dEll Runge 37	, Marian			
	PROTOS ARTON OF TRANSPORT	CER OF OU AND NATURAL GA	s			
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
			2510 W Front Str., Mid	land, TX 79701		
	Summit Gas Company Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)		
	,)				
	64	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en		
	If well produces oil or liquids, give location of tanks.	1 6 22-S 34-E	No			
		<u> </u>	<u> </u>			
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,				
14.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completion	n – (X)	1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
				Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depti.		
				Depth Casing Shoe		
	Perforations					
		THE DISC CASING AND	CEMENTING RECORD			
			DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DE: 111 DE:			
						
		1				
	TOTAL AND PROFIES D	OP ALLOWARIE (Test must be a	ifter recovery of total volume of load oi.	l and must be equal to or exceed top allow-		
V.	TEST DATA AND REQUEST FOIL WELL	able for this de	epth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gua-MC1		
			<u> </u>			
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Epis. Condensate/MMC	G.C.C., SS CONCORD		
		m to proceed about 1= 1	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Capital Language and			
	CIL CONCEDIATION COMMISSION					
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED APPROVED 19.			1076			
			APPROVED JUL 40	13/0		
	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.					
			TITLE			
				•		

J.J. Ciavarra, Jr. (Signature) Staff Engineer

July 20, 1976

(Title)

(Date)

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.

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.

Separate Forms C-104 must be filed for each pool in multiply

CL CONTENT COMM.