

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U. S. B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PERMITS OFFICE	

Operator	Southern Union Exploration Company
Address	1217 Main Street, Suite 400, Texas Federal Bldg, Dallas, Texas 75202
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of Operator as 1-1-84
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of: Oil ☐ Gas ☐	
Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner 1217 Main Street, Suite 400
Southern Union Exploration of Tx, Texas Fed Bldg., Dallas, Tx 75202

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Charm State	2	Undesignated <i>Jalmat</i>	State, Federal or Fee State	V-37
Location	Unit Letter	I	1980	Feet From The South Line and 660 Feet From The East
Line of Section	36	Township	21-S	Range 35-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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, Sec., Twp., Rge.
Is gas actually connected?	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	Gas well	New well	Workover	Deepen	Plug back	Same reservoir	Diff. res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Prod. T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ronald M. Sexton
(Signature)
Drilling & Production Engineer
(Title)
January 12, 1984
(Date)

OIL CONSERVATION DIVISION
JAN 24 1984

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of operator, well name or number, or transporter, or other such change of control.
Separate Form O-104 must be filed for each pool in multi-completed wells.