

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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

1. 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 in Transporter of:	<u>Change of Operator as of 1-1-84</u>
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Ownership ☒	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

2. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Charm State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Jalmat Yates</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease <u>V-37</u>
Location				
Unit Letter <u>P</u>	<u>660</u>	Feet From The <u>South</u> Line and <u>990</u>	Feet From The <u>East</u>	
Line of Section <u>36</u>	Township <u>21-S</u>	Range <u>35-E</u>	<u>NMPM</u>	Lea <u>Co.</u>

3. 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)
<u>Southern Union Refining Company</u>	<u>11520 N. Central Expressway, Dallas, Tx 75234</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>Odessa, Texas 79760</u>
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>36</u> Twp. <u>21-S</u> Rge. <u>35-E</u> Is gas actually connected? <u>Yes</u> when <u>1/26/79</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Same as prev.	Diff. no.
Date spudded	Date Compl. Ready to Prod.		Total Depth		Prod. T.D.			
Elevations (DF, RAB, RT, CR, 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			

4. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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/MWCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 Ruffert
(Signature)
Drilling & Production Engineer
(Title)
January 12, 1984
(Date)

OIL CONSERVATION DIVISION
JAN 24 1984

APPROVED _____, 19____

ORIGINAL SIGNED BY JERRY SEXTON
BY _____
DISTRICT 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 desired 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 well name or number, or transporter, or other such change of condition.

Separate Form O-104 must be filed for each pool in multi-