

|                  |     |  |  |
|------------------|-----|--|--|
| DISTRIBUTION     |     |  |  |
| SANTA FE         |     |  |  |
| FILE             |     |  |  |
| U.S.G.S.         |     |  |  |
| LAND OFFICE      |     |  |  |
| TRANSPORTER      | OIL |  |  |
|                  | GAS |  |  |
| OPERATOR         |     |  |  |
| PRORATION OFFICE |     |  |  |

NEW MEXICO OIL CONSERVATION COMM. ON  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

I. Operator  
Southern Union Exploration Company  
Address  
Suite 1800, First International Building, Dallas, Texas 75270  
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)  
Request test oil allowable  
of 60 Bbls/Day 1500 BBL

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |  |                   |
|---|---------------|---|--|-------------------|
| Lease Name<br>Charm State   | Well No.<br>1 | Pool Name, including Formation<br>Jalmat, Yates | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>V-37 |
| Location<br>Unit Letter P ; 660 Feet From The South Line and 990 Feet From The East<br>Line of Section 36 Township 21-S Range 35-E , NMFM, Lea 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"/><br>Southern Union Refining Company | Address (Give address to which approved copy of this form is to be sent)<br>11520 N. Central Expressway, Dallas, Texas 75243 |            |              |              |                                  |                 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Unknown                            | Address (Give address to which approved copy of this form is to be sent)   |            |              |              |                                  |                 |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>P  | Sec.<br>36 | Twp.<br>21-S | Rge.<br>35-E | Is gas actually connected?<br>No | When<br>Testing |

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 Res'v. | Diff. Res'v. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |              |
| Elevations (DF, RKB, 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      |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |

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/MMCF     | Gravity of Condensate |
| Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
Drilling & Production Engineer  
(Title)  
August 17, 1978  
(Date)

OIL CONSERVATION COMMISSION

AUG 21 1978

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Orig. Signed by  
Jerry Seaton

TITLE Dist. L. Sapp.

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.

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 multiple