

DISTRICT	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Southern Union Exploration Company of Texas	
Address Suite 400, Texas Federal Savings Bldg, 1217 Main Street, Dallas, Texas 75202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Request for allowable of 65 BOPD
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Yarborough Federal "B"	Well No. 1	Pool Name, including Formation Wildcat Gallop	Kind of Lease State, Federal or Fee Federal	Lease No. NM28737
Location				
Unit Letter D	: 660	Feet From The North	Line and 530	Feet From The West
Line of Section 10	Township 23N	Range 6W	NMPM, Rio Arriba	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	Box 108 Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 D	Sec. 10	Twp. 23N	Rge. 6W	Is gas actually connected?	When

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 <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 type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-22-58	Date Compl. Ready to Prod. 8-21-81	Total Depth 5550'			P.B.T.D. 5543'			
Elevations (DF, RKB, RT, GR, etc.) 6730' GL	Name of Producing Formation Gallop		Top Oil/Gas Pay 5198'		Tubing Depth 5499'			
Perforations 5198'-5406' (28 holes), 5440'-5524' (18 holes) & 5434'-5524' (144 holes)						Depth Casing Shoe 5549'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8" - 32.3 #/ft.		285'		300sx - circulated			
7 7/8"	5 1/2" - 14#/ft.		5549'		300sx - Top @ 3850'			
	2 3/8" - 4.7 #/ft.		5499'					

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 8-23-81	Date of Test 9-10-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 790	Choke Size 3/4"
Actual Prod. During Test 50 Bbls	Oil - Bbls. 50	Water - Bbls. 30	Gas - MCF 80

GAS WELL

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

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.

Pat G. Havell  
(Signature)  
Drilling & Production Engineer  
(Title)  
October 13, 1981  
(Date)

APPROVED \_\_\_\_\_  
Original Signed by FRANK T. CHAVEZ  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

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