

REQUEST FOR ALLOWABLE  
AND

Supersedes Oil C-104 and C-105  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE	1	4
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		
PRORATION OFFICE		

I. Operator  
**Gas Company of New Mexico**  
 Address  
**Suite 1800, First International Bldg., 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)  
*Add transporter*  
 If change of ownership give name and address of previous owner **Southern Union Gas Company, P.O. Box 808, Farmington, New Mexico 87401**

II. DESCRIPTION OF WELL AND LEASE

\*14-08-0001

Lease Name <b>San Ysidro</b>	Well No. <b>5</b>	Pool Name, including Formation <b>Las Milpas Gas Storage</b>	Kind of Lease State, Federal or <del>Other</del> Unit	Lease No. <b>12395</b>
Location Unit Letter <b>N</b> ; <b>369</b> Feet From The <b>South</b> Line and <b>1886</b> Feet From The <b>West</b> Line of Section <b>20</b> Township <b>15N</b> Range <b>1E</b> , NMPM, <b>Sandoval</b> County				

III. 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)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Suite 1800, First Int'l Bldg., Dallas, Tx. 75270</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? <b>yes</b> When <b>Gas Injection &amp; Withdrawal 4/30/74</b>

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, 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/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.

*James D. Ellis*  
(Signature)

Chief Petroleum Engineer  
(Title)

11/11/76  
(Date)

OIL CONSERVATION COMMISSION

APPROVED 11/15/1976, 19\_\_

BY Original Signed by A. B. Kendrick

TITLE SUPERVISOR DIST. #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