## DISTRIBUTION

## NEW MEXICO OF COMSERVATION COMMISSION

	FILE /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	GUEST.	FOR ALL AND	OWABLE		Supersedes Ol Effective 1-1-6	d C-104 and C-110 55	
	U.S.G.S.	AUTHORIZATION	TO 132		OIL AND NA	ATURAL GA	<b>AS</b>		
	LAND OFFICE			~		. 5			
	TRANSPORTER   OIL   GAS /								
	OPERATOR 7								
1.	Operator		· · · · · · · · · · · · · · · · · · ·						
		Southern Union Production Company							
	P. O. Box 808, Farmington, New Mexico 87401								
	Reason(s) for filing (Check proper box)  Other (Please explain)								
	New Well	Change in Transporter of	f		·	• •			
	Recompletion	ery So	Change in name of Transporter						
	Change in Ownership	Casinghead Gas	24% 25 Ma 						
	If change of ownership give name and address of previous owner		······································			- <u> </u>			
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, in			1 '	(ind of Lease		Contract	
	Jicarilla "D"	7 Tapacit	to Pict	cured Cl	iffs s	State, Federal	or Fee Federal	#100	
	Unit Letter 1 ; 18	Feet From The	<b>South</b>	r des <u>la la l</u>	945	Feet From Th	ne <b>East</b>		
	Line of Section 31 Tow	mship 26 North	Nation 1	West	, NMPM,	Rio A	rriba	County	
111	DESIGNATION OF TRANSPORT	TEP OF OIL AND BLASSY	est de la compa	4					
111.	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 Cas	inghead Gas or Dry Ga	is <b>XX</b>	Address (6	ive address to	which approve	ed copy of this form is	to be sent)	
	Gas Company of New Mexico				1st International Bldg., Dallas, Texas 75270 Attn: January When				
	If well produces oil or liquids, Unit Sec. Twp. Figs.			Te gas cati	When				
	If this production is commingled wit	h that from any other lease	Bon aus	dise commi	ingling order r	number:			
	COMPLETION DATA	Oil Well G	las well	[Navy Well	Workover	Deepen	Plug Back   Same Re:	s'v. Diff. Res'v.	
	Designate Type of Completio	n - (X)		* *	1		1	1	
	Date Spudded	Date Compl. Ready to Prod.		i time. Deel	ih		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formatio	n.	761/G	as Pay		Tubing Depth		
				J			Depth Casing Shoe		
	Perforations						Depui Cuaing ance	İ	
		TUBING, CAS							
	HOLE SIZE	CASING & TUBING	<u> </u>	<u> </u>	DEPTH SET	7	SACKS CEI	MENT	
			Apparent and a second						
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test miss b) able for chis of			free recovery of total volume of load oil and must be equal to or exceed top allow- epsh or be for full 24 hours)					
	Date First New Oil Run To Tanks				Method (Flow,	pump, gas lift,	, etc.)		
	Length of Test	Tubing Pressure		Casing Pr	eweas		Choke Size		
	Actual Prod. During Test	Oil-Bbls.	<b></b>	Water - ESI	.8,		Gan-MCP		
	Avider Fied, During 1981	Actual Flod. During 1001					The same of the sa		
	CAS WELL		SEPITA						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	alle and a second	Abla Con	densate/MMCF		Gradus ON Condensate	3/	
				. [. ]	A		DIST		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	5. 1.	Country Pro	- <b>Jvd3)</b> erusae	LB J	Choke Siz		
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 above is true and complete to the best of my knowledge and the last of my knowledge and t				OIL CONSERVATION COMMISSION				
				SEP 17 1976					
				Original Signed by A. R. Kendrick					
				SUPERVISOR DIST. #3					
				1)11-6					
	Rudy D. Motto (Signature)				This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened this form must be accompanied by a tabulation of the deviation tools taken on the well in accordance with RULE 111.				
	Area Superintendent (Title) September 2, 1976			311	All sections of this form must be filled out completely for allow- noise on new and recompleted wells.  Pill out only Sections I, II, III, and VI for changes of owner,				
				no ola					
	(Da	well name or number, or transporter, or other such change of condition.							
	ì				Senseste Forms C-104 must be filed for each pool in multiply				