

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

OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
TRANSPORT OIL AND NATURAL GAS

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

I.

Operator Southern Union Production Company	
Address P. O. Box 808, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Change in name of Transporter <input checked="" type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "E"	Well No. 6	Section Wildhorse Gallup	Kind of Lease State, Federal or Fee Federal	Contract No. #104
Location				
Unit Letter B	890	Feet From The North	1650	Feet From The East
Line of Section 21	Township 26 North	4 West	, NNPM, Rio Arriba 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)	
Plataea, Inc.		
Name of Authorized Transporter of Oil or Natural Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Gas Company of New Mexico	First International Bldg., Dallas, Texas 75270 Attn: R. J. McGary	
If well produces oil or liquids, give location of tanks.	When	When

If this production is commingled with oil from any other lease, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Orifice	Gas	Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GK, etc.)	Loc. of Producing Formation	Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
HOLE SIZE								
Casing & Cement								
DEPTH SET								
SACKS CEMENT								

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Testing Method (Flow, pump, gas lift, etc.)
Length of Test	Casing Pressure
Actual Prod. During Test	Choke Size
	Water Bbls.
	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Boils Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Testing 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 above is true and complete to the best of my knowledge.

Rudy D. Motto (Signature)
Area Superintendent

September 2, 1976 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

Original Signed by _____

TYPE _____

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 data taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple