

APPLICANT'S NAME AND ADDRESS (If different from owner's name and address, state name and address of owner.)

OR  
COUNTY OFFICE

**Southern Union Production Company**

**P. O. Box 808, Farmington, New Mexico 87401**

Person(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

**XX Change in name of Transporter**

If change of ownership, give name and address of previous owner.

**II. DESCRIPTION OF WELL AND LEASE**

|                 |               |          |        |            |                  |               |                       |         |              |      |
|-----------------|---------------|----------|--------|------------|------------------|---------------|-----------------------|---------|--------------|------|
| Well Name       | Jicarilla "A" | Section  | 9      | Range      | Blanco Mesaverde | Kind of Lease | State, Federal or Fee | Federal | Contract No. | #105 |
| Unit Letter     | C             | 790      | North  | 1670       | West             | Feet from The | West                  |         |              |      |
| Line of Section | 14            | 26 North | 4 West | Rio Arriba | County           |               |                       |         |              |      |

**III. DESIGNATION OF TRANSPORTER OF OIL AND GAS**

|                                                          |                           |         |                                                |
|----------------------------------------------------------|---------------------------|---------|------------------------------------------------|
| Name of Authorized Transporter of Oil and Gas            | Plateau Inc.              | Address | First International Bldg., Dallas, Texas 75270 |
| Name of Authorized Transporter of Natural Gas            | Gas Company of New Mexico | Address | Attn: R. J. McGrary                            |
| If well produces oil or liquids, give location of tanks. |                           |         |                                                |

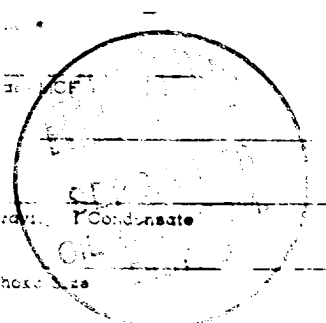
If this production is commingled with that from other wells, give well numbers:

**IV. COMPLETION DATA**

|                                    |                             |              |             |              |
|------------------------------------|-----------------------------|--------------|-------------|--------------|
| Designate type of Completion       | Deepen                      | Plug Back    | Same Res'v. | Diff. Res'v. |
| Date Spudded                       | Date Cemented to Depth      | Perforations | Depth       | Depth        |
| Elevations (PF, LKB, RT, GR, etc.) | Name of Perforating Company | Perforations | Depth       | Depth        |
| HOLE SIZE                          | CASING & TUBING SIZE        |              |             |              |

**V. TEST DATA AND REQUEST FOR ALLOWANCE**

|                                 |              |                                  |                                   |          |       |            |       |
|---------------------------------|--------------|----------------------------------|-----------------------------------|----------|-------|------------|-------|
| Date First New Oil Run To Tanks | Date of Test | Length of Test                   | Tubing Pressure                   | Oil-Bole | Grav. | Condensate | Check |
| Actual Prod. During Test        | Oil-Bole     | Testing Method (pitot, back pr.) | Tubing Pressure (initial & final) |          |       |            |       |



**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the New Mexico Department of Conservation have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**Rudy D. Motto** (Signature)  
**Area Superintendent** (Title)

**September 2, 1976** (Date)

**SEP 17 1976**

Original Signed by **A. R. Kendrick**

**SUPERVISOR DIST. #3**

This form is to be filed in compliance with RULE 1104.

If this well is to be allowed 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 wells and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, lease, or transporter.