				/	
NO. OF SOPIES RECEIVED]			,	
DISTRIBUTION	NEW MEXICO OF CO	0116551/47101/ 00111		Form C-104	
SANTA FE /		NEW MEXICO OIL CONSERVATION COMMISSION			d C-104 and C-1
FILE /	REQUEST I	REQUEST FOR ALLOWABLE AND Supersedes Old Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRA		JATHRAL CA	ς .	
LAND OFFICE	NO MORIZATION TO TRA	INDI OKT OIL AND I	TATOKAL GA		
TRANSPORTER GAS					
OPERATOR /	1				
PRORATION OFFICE	-				
Southern Union Produc	tion Company			100	. '(c) '
P. O. Box 808, Farmin	gton, New Mexico 87401			· ·	
Reason(s) for filing (Check proper box		Other (Please	explain)		
New Well Recompletion	Change in Transporter of: Oil Dry Gas				
Change in Ownership	Casinghead Gas Conden	<u> </u>			
strange in ownersmp					
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE		Twind of tone		
Lease Name	Well No. Pool Name, Including Fo			r Fee Federal	Contract
Jicarilla "E"	10 Tapacito Pi	ctured Cliffs	State, 1 edelar c	rederal	#104
1 -	200 Santh	e and 79 0		Foot	
Unit Letter;;	20 Feet From The South Line	e and	Feet From Th	e <u>East</u>	
Line of Section 22 To	wnship 26 North Range	L West , NMPM	Rio Arr	iba	County
		7-7-7-2			
II. DESIGNATION OF TRANSPOR				· · · · · · · · · · · · · · · · · · ·	
New Mexico Tankers,		Address (Give address	• • •		to be sent)
Platesn Inc. 90% Mame of Authorized Transporter of Ca	10/6	Farmington,			
		Address (Give address Fidelity Union	to which approved T over	d copy of this form is	to be sent)
Southern Union Gas Co		Dallas, Texas	75201 A	ttn: Mr. Ra	y Bymm
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect	ed? When		
give location of tanks.	<u> </u>	No	<u> </u>		
	th that from any other lease or pool,	give commingling orde	r number:		
V. COMPLETION DATA	Cil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	sty. Diff. Rest
Designate Type of Completi		xx		i i	i L
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
5/31/68	6/21/68	8065 Ft. R.E	K.B.	8040 ft. R.	К.В.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth	
6973 ft. R.K.B.	Pictured Cliffs	35 7 6		3571 ft. R.K.B.	
Perforations		D		Depth Casing Shoe	
3576-3602				8062	
	TUBING, CASING, AND	CEMENTING RECOR	₹D	.,	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
13-3/4"	10-3/4"	315		225 sack	
9-7/8"	7-5/8"	3837		350 cm. ft.	
6-3/4"	4-1/2"	3687-8062 Top	& Bottom	950 cm.:	<u>rt. </u>
	1-1/2" I.J.	3591			
V. TEST DATA AND REQUEST F		ifter recovery of total voluments of the second of the for full 24 hour		nd must be equal to or	exceed top allo
OIL WELL Date First New OI. Run To Tanks	Date of Test	Producing Method (Flor		etc.)	
Date First New Oil Hun 10 1 das	Date of Year	Producting Montes (1 15)	., pap, a ,.,	,	
Length of Test	Tubing Pressure	Casing Pressure	-	Choke Size	
_and _ and	, asing trassess				
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF	
i					
-					
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	CF	Gravity of Condensa	t e
2,20h	3 hours				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	c-1n)	Choke Size	19
Back Pressure				3/4	
CERTIFICATE OF COMPLIANCE		OIL	CONSERVA	TION COMMISSION	
				SEP 6 - 196	B . 19 ———
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED Original	Signed by	Emery C Arr	
Denomission have been complied with and that the information given answe is true and complete to the best of my knowledge and belief.		Original Signed by Emery C. Arnold			
		SUPERVISOR DIST. #3			
		TITLE			

Original signed by

GILBERT D. NOLAND, JR.

Gilbert D. Noland, Jr. (Title)

Drilling Superintendent

August 7, 1968

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 Forms C-104 must be filed for each pool in multiply completed wells.