				1	
ſ	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL (	CONSERVATION COMMISSION	Form C-104	
r	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE /		AND		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	45	
	LAND OFFICE			1000	
	TRANSPORTER OIL 2				
	OPERATOR /				
	PRORATION OFFICE				
	Operator			<i>[</i> ]	
-	SOUTHERN UNION PRODUCT			- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
L	P. O. Box 808, FARMING	TON, NEW MEXICO 87401	Other (Please explain)		
- 1	Reason(s) for filing (Check proper box)  New Well	Change in Transporter of:			
		Oil Dry G	Gas T		
	Recompletion	· · ·	ensate		
L	Change in Ownership				
	f change of ownership give name and address of previous owner				
I. j	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including	Formation Kind of Lease		
Ì	Lease Name	9 BASIN DAKOTA	Curto Endoral	or Fee FEDERAL CONTRACT	
	JICARILLA "E"	9 DASIN DAROTA		#104	
-		Feet From The NORTH L	ine and 1605 Feet From T	he EAST	
	Unit Letter B; 1135				
į	Line of Section 16 Tow	nship 26 NORTH Range	4 WEST , NMPM, RIO AR	RIBA County	
r <b>u</b>	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
ı. 	Name of Authorized Transporter of Oil	or Condensate (M)	Address (Give address to which approv	ed copy of this form is to be sent)	
	New MEVICO LANKERS. INC IUD				
	PLATEAU INC. = 90%  Name of Authorized Transporter of Casinghead Gas or Dry Gas XX  Southern Union Gas Company  FARMINGTON NEW MEXICO 87401  Address (Give address to which approved copy of this form is to be sent)  FIDELITY UNION TOWER, DALLAS, TEXAS 75201  ATTENTION: MR. Boy McCRARY				
	SOUTHERN UNION GAS CO		ATTENTION: MR. BOB Is gas actually connected? Whe	MCCRARY	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	en .	
	give location of tanks.	B 16 26 N 4			
	If this production is commingled wit	h that from any other lease or poo	l, give commingling order number:		
	f this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Restv.   Diff. Restv.				
	Designate Type of Completion		XX		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	7/14/68	8222 FT. R.K.B.	8196 FT. R.K.B.	
	6/12/68	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	•	7987 FT. R.K.B.	7904 FT. R.K.B.	
	7124 FT. R.K.B.	DAKOTA	7707 1 19 130110	Depth Casing Shoe	
	Perforations 8220 FT. R.K.B.				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13-3/4"	10-3/4"	385	325 SACKS	
	9-7/8"	7-5/8"	4034	350 cu.fT.	
	6-3/4"	4-1/2	3890-8220 Top & BOTTOM	900 cu.FT.	
	0-3/4	2-3/81 F II F	7904		
<b>1</b> ,	TEST DATA AND REQUEST FOR ALLOWABLE  (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)				
٧.	OIL WELL		Producing Method (Flow, pump, gas li	ft. etc.)	
	Date First New Oil Run To Tanks	Date of Test	producing Method (1.100, pamp, 200	,,,	
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Orania Lianama		
			Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.			
	GAS WELL			Towns of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	1505	3 HOURS		Chaha Sign	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size  3/4"	
	BACK PRESSURE	2019	PACKER		
<b>%</b> 7#	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
¥ I	. CERTIFICATE OF COMPERA	-		SEP 2 5 1968	
			APPROVED	, ,	

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.

ORIGINAL SIGNED BY B. R. VANDERSLICE

B. R. VANDERSLICE	(Signature)	
AREA SUPERINTE	NDENT	
	(Title)	
SEPTEMBER 3. 1	968	

(Date)

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

Original Signed by Emery C. Arnold

TITLE \_

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.

SUPERVISOR DIST. #3

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.