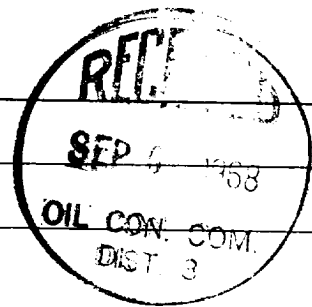


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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "J"	Well No. 11	Pool Name, Including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. 153
Location				
Unit Letter J	145	Feet From The South Line and 1450	Feet From The East	
Line of Section 25	Township 26 North	Range 5 East	NMPM, Alto Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> New Mexico Tankers, Inc. 10% Platoon, Inc. 90%	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower, Dallas, Texas 75201 Attn: Mr. Bob McCarty					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 25	Twp. 26N	Rge. 5E	Is gas actually connected? No	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		XX	XX					
Date Spudded 6/10/68	Date Compl. Ready to Prod. 8/3/68		Total Depth 7589 ft. A.K.B.		P.B.T.D. 7552 ft. A.K.D.			
Elevations (DF, RKB, RT, GR, etc.) 6642 ft. A.K.B.	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3134		Tubing Depth 3131 ft. A.K.B.			
Perforations 3134-3150					Depth Casing Shoe 7588			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 5-1/2" 1-1/2" I.J.		DEPTH SET 335 7588 3131		SACKS CEMENT 225 sacks 2300 cu. ft.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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

GAS WELL

Actual Prod. Test - MCF/D 2,956	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 953	Casing Pressure (shut-in) 953	Choke Size 3/4"

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 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 Superintendent

(Title)

September 5, 1968

(Date)

OIL CONSERVATION COMMISSION

SEP 26 1968

APPROVED _____, 19

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #3**

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.