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	GAS	
OPERATOR		1
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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

Operator Southern Union Production Company	
Address P. O. Box 808, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE	
Lease Name Jicarilla "G"	Well No. 4
Pool Name, including Formation Blanco Mesaverde	
Kind of Lease State, Federal or Fee Federal	Contract No. #150
Location	
Unit Letter N	920 Feet From The South Line and 1515 Feet From The West
Line of Section 11	Township 26 North Range 5 West , NMPM, Rio Arriba County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
New Mexico Tankers - 10% Platem, Inc. 90%	Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gas Company	Fidelity Union Tower, Dallas, Texas 75201 Attn: Mr. Bob McCrady
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	NO

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

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
	XX XX
Date Spudded 6/24/68	Date Compl. Ready to Prod. 7/25/68
Total Depth 8315 ft. R.K.B.	P.B.T.D. 8260 ft. R.K.B.
Elevations (DF, RKB, RT, GR, etc.) 7222 ft. R.K.B.	Name of Producing Formation Mesaverde
Top Oil/Gas Pay 5514	Tubing Depth 5569 ft. R.K.B.
Perforations 5514-5614	Depth Casing Shoe 8300
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
13-3/4"	10-3/4"
9-7/8"	7-5/8"
6-3/4"	5-1/2" (liner)
	1-1/2", I. J.
DEPTH SET	SACKS CEMENT
520	350 sacks
4100	400 cu. ft.
3915-8300	600 cu. ft.
5569	

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 2,781	Length of Test 3 hours
Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1021
Casing Pressure (shut-in) 1023	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 6, 1968 (Date)	
OIL CONSERVATION COMMISSION SEP 30 1968 APPROVED _____ BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3 TITLE _____ 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.	