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| | GAS | 1 |
| OPERATOR | | 1 |
| PRORATION OFFICE | | |

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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|---|-----------------------------------|
| Lease Name JICARILLA "U" | Well No. 12 | Pool Name, including Formation SOUTH BLANCO PICTURED CLIFFS | Kind of Lease State, Federal or Fee FEDERAL | Lease No. CONTRACT #153 |
| Location Unit Letter D ; 875 Feet From The NORTH Line and 1090 Feet From The WEST Line of Section 35 Township 26 NORTH Range 5 WEST , NMPM, RIO 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% PLATEAU, 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 ATTENTION: MR. BOB MCCRARY | | | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 35 | Twp. 26N | Rge. 5W |
| 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'v. | Diff. Res'v. |
| | | XX | XX | | | | | |
| Date Spudded 6/28/68 | Date Compl. Ready to Prod. 8/8/68 | | Total Depth 7530 FT. R.K.B. | | P.B.T.D. 7490 FT. R.K.B. | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6665 FT. R.K.B. | Name of Producing Formation PICTURED CLIFFS | | Top Oil/Gas Pay 3052 FT. R.K.B. | | Tubing Depth 3098 FT. R.K.B. | | | |
| Perforations 3052 - 3118 | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|----------------|----------------------|-------------------------------------|--------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 13-3/4" | 10-3/4" | 322 | 225 SACKS |
| 9-7/8" | 7-5/8" | 3302 | 1250 CU FT |
| 6-3/4" | 4-1/2" | 3171 - 7526 TOP & BOTTOM | 950 CU. FT. |
| | 1-1/2" I.J. | 3098 | |

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. | Gravity of Condensate |

GAS WELL

| | | | |
|--|--|--|---------------------------|
| Actual Prod. Test-MCF/D 2,191 | Length of Test 3 HOURS | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) BACK PRESSURE | Tubing Pressure (shut-in) 1014 | Casing Pressure (shut-in) 1022 | 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
GILBERT D. NOLAND, JR.

Original signed by
GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT (Title)

SEPTEMBER 10, 1968 (Date)

OIL CONSERVATION COMMISSION
SEP 23 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.

