

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 2 GAS 1
OPERATOR	1
PRORATION OFFICE	

I. Operator
Southern Union Production Company

Address
P. O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) OIL CON. COM. DIST. 3

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "H"	Well No. 7	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. Contract 103
Location Unit Letter K ; 1450 Feet From The South Line and 1650 Feet From The West				
Line of Section 19 Township 26 North Range 4 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
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input 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: Bob McCrary
If well produces oil or liquids, give location of tanks. Unit K Sec. 19 Twp. 26N Rge. 4W	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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 6/9/69	Date Compl. Ready to Prod. 7/30/69	Total Depth 7695 ft. R.K.B.		P.B.T.D. 7653 ft. R.K.B.				
Elevations (DF, RKB, RT, GR, etc.) 6642 ft. R.K.B.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7400 ft. R.K.B.		Tubing Depth 7493 ft. R.K.B.				
Perforations 7400 - 7600 ft.						Depth Casing Shoe 7689 ft. R.K.B.		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7-5/8"		3355		1048 cu. ft.			
6-3/4"	5-1/2"		3206-7689 (liner)		700 cu. ft.			
13-3/4"	1-1/2" E.U.B.		7493					
	10-3/4"		323		250 sacks			

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 3284	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2298 (16 days)	Casing Pressure (shut-in) Packer	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.

Gilbert D. Noland, Jr (Signature)
Drilling Superintendent (Title)

August 28, 1969 (Date)

OIL CONSERVATION COMMISSION
SEP 2 1969
APPROVED _____
BY **Original Signed by Emery C. Arnold**
SUPERVISOR DIST. #9
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.