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| | GAS | 1 |
| OPERATOR | | |
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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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
SEP 8 1969
OIL COM.
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|---|-----------------------------------|
| Lease Name JICARILLA #G^N | Well No. 5 | Pool Name, Including Formation BASIN DAKOTA | Kind of Lease State, Federal or Fee FEDERAL | Lease No. CONTRACT #150 |
| Location Unit Letter L ; 1450 Feet From The SOUTH Line and 1115 Feet From The WEST Line of Section 12 Township 26N Range 5 W , 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 - 108 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 type="checkbox"/> SOUTHERN UNION GAS COMPANY | Address (Give address to which approved copy of this form is to be sent) 1500 FIDELITY UNION TOWER, DALLAS, TEXAS 75201 ATTN: BOB MCCRARY |
| If well produces oil or liquids, give location of tanks. Unit L Sec. 12 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 6/29/69 | Date Compl. Ready to Prod. 8/9/69 | Total Depth 8422 FT. R.K.B. | P.B.T.D. 8401 FT. R.K.B. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 7342 FT. R.K.B. | Name of Producing Formation DAKOTA | Top Oil/Gas Pay 8308 FT. R.K.B. | Tubing Depth 8323 FT. R.K.B. | | | | | |
| Perforations 8308 - 8400 FT. | | | Depth Casing Shoe 8421 FT. R.K.B. | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 13-3/4" | 10-3/4" | 515 | 350 SACKS | | | | | |
| 9-7/8" | 7-5/8" | 4240 | 750 CU. FT. | | | | | |
| 6-3/4" | 5-1/2" (LINER) | 4080 - 8421 | 700 CU. FT. | | | | | |
| | 1-1/2" | 8323 | | | | | | |

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 2323 | Length of Test 3 HOURS | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) BACK PRESSURE | Tubing Pressure (shut-in) 2592 (15 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)

SEPTEMBER 3, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED **SEP 8, 1969**
BY **Original Signed by Emery C. Arnold**
TITLE **SUPERVISOR DIST. #9**

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 multiple completed wells.

