NO. OF COPIES RECEIVED		6	
DISTRIBUTION			
SANTA FE			
FILE		1	1
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	2	
	GAS	1	
OPERATOR		\mathbf{L}_{i}	
PRORATION OFFICE		'	

Ì	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE /		AND	FUGCUAG 1-1-02		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (GAS		
	LAND OFFICE					
	TRANSPORTER OIL 2					
	OPERATOR ,					
1.	PRORATION OFFICE					
	Operator	I				
	SOUTHERN UNION PRODUCTI	ON COMPANY				
	Address					
	P. O. Box 808, FARMINGT					
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Ga	rs 🔛			
	Change in Ownership	Casinghead Gas Conder	nsate			
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation Kind of Leas	Lease No.		
	Lease Name		State Federa	CONTRACT		
	JICARILLA "G"	6 BASIN DAKOTA	Sidle, Fadero	#150		
	Location L . 162	25 Feet From The SOUTH Lin	ne and 915 Feet From	The WEST		
	Unit Letter;;	Feet From TheLin				
	Line of Section 2 Tow	nship 26 N Range	5 W , NMPM, RIO AF	RIBA County		
		COD OF OW AND NATURAL CA	LC.			
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
	NEW MEXICO LANKERS, INC) - 10%	FARMINGTON NEW MEYLO	\$77.01		
	PLATEAU INC 90% Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔻	Address (Give address to which appro	oved copy of this form is to be sent)		
			1500 FIDELITY UNION TO	OWER ATTN: BOR McCRARY		
	SOUTHERN UNION GAS COMP	Unit Sec. Twp. Rge.	Is gas actually connected?	nen		
	If well produces oil or liquids, give location of tanks.	L 2 26N 5W	No			
	If this production is commingled wit	h that from any other lease or pool,				
	Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv. Ditt. Resv					
	Designate Type of Completio		X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	7/27/69	9/9/69	7835 FT. R.K.B.	7813 FT. R.K.B.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	7708 FT. R.K.B.		
	6700 FT. R.K.B.	DAKOTA	7624 FT. R.K.B.	Depth Casing Shoe		
	7624 - 7808 FT. R.K.B.			7834 FT. R.K.B.		
	TUBING, CASING, AND CEMENTING RECORD					
	1101 E 517E	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	10-3/4*	313 FT.	250 sks.		
	13-3/4**	7=5/8*	3597 FT.	600 CU.FT.		
	9-7/8" 6-3/4") 3416 - 7834 FT.	700 GU-FT-		
	0-3/4"	1-1/2" (EUE)				
v	TEST DATA AND REQUEST FO	OR ALLOWABLE. (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-		
٧.	OIL WELL	able for this de	epth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	iji, etc.)		
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Caping Pressure	VFN		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas MCF		
	Actual Frod. During 1001			00T1 5 1000		
		<u> </u>		1 201 2 9 1969		
	GAS WELL			CON COM		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	1833	3 HRS.				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	BACK PRESSURE	2362 (17 DAYS)	PACKER	3/4#		
1 /1	CERTIFICATE OF COMPLIAN		OIL CONSERV	ATION COMMISSION		
VI.	CERTIFICATE OF COMPETAN	CE		OCT 2 8 1969		
	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.		APPROVED	, 19		
			BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3			
			TITLE	20121110011 21011 #0		
			This form is to be filed in	compliance with RULE 1104.		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
			If this is a request for allo	I wast this form must be accompanied by a tabulation of the deviation		
,	D. No L. (Siene		Abia form must be accomp	anied by a tabulation of the deviation		
	ILBERT D. NOLAND, JRESien		well, this form must be accomp tests taken on the well in acco	anied by a tabulation of the deviation or or the deviation or the deviatio		
	RILLING SUPERSTENDENT		well, this form must be accomp tests taken on the well in acco	anied by a tabulation of the deviation or the deviation or dance with RULE 111. ust be filled out completely for allow-		

(Date)

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.