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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) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA #GM	Well No. 6	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. CONTRACT #150
Location Unit Letter L ; 1625 Feet From The SOUTH Line and 915 Feet From The WEST				
Line of Section 2 Township 26 N 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. - 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) 1500 FIDELITY UNION TOWER DALLAS, TEXAS 75201 ATTN: BOB MCCRARY			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 2	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 7/21/69	Date Compl. Ready to Prod. 9/9/69		Total Depth 7835 FT. R.K.B.		P.B.T.D. 7813 FT. R.K.B.			
Elevations (DF, RKB, RT, GR, etc.) 6700 FT. R.K.B.	Name of Producing Formation MESAVERDE		Top Oil/Gas Pay 5032 FT. R.K.B.		Tubing Depth 5106 FT. R.K.B.			
Perforations 5032 - 5148 FT. R.K.B.					Depth Casing Shoe 7834 FT. R.K.B.			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	10-3/4"		313 FT.		250 SKS.			
9-7/8"	7-5/8"		3597 FT.		600 CU.FT.			
6-3/4"	5-1/2" (LINER)		3416-7834 FT.		700 CU.FT.			
	1-1/2" (IJ)		5106 FT.					

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 2547	Length of Test 3 HRS.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 959 (13 DAYS)	Casing Pressure (Shut-in) 958 (13 DAYS)	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)

OCTOBER 13, 1969

(Date)

OIL CONSERVATION COMMISSION

OCT 28 1969

APPROVED _____, 19

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #3**

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.