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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

Operator Southern Union Production Company	
Address P. O. Box 808, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 "G"	Well No. 7 Pool Name, Including Formation Blanco Mesaverde
Kind of Lease State, Federal or Fee Federal	
Lease No. Contract #150	
Location Unit Letter G ; 1825 Feet From The North Line and 1795 Feet From The East	
Line of Section 11 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"/>	Address (Give address to which approved copy of this form is to be sent)
New Mexico Tankers 10% Plateau, Inc. 90%	Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Production Company	Fidelity Union Tower Dallas, Texas 75201 Attn: Robert M. Crary
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit G Sec. 11 Twp. 26N Rge. 5W	NO

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 10/1/69	Date Compl. Ready to Prod. 11/17/69		
Total Depth 8449 TVD 8743 MD	P.B.T.D. 8446 TVD 8740 MD		
Elevations (DF, RKB, RT, GR, etc.) 7333 ft. R.K.B.	Name of Producing Formation Mesaverde		
Top Oil/Gas Pay 5640	Tubing Depth 5638		
Perforations 5640-5770 (Mesaverde)	Depth Casing Shoe 8742		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	10-3/4"	480 ft.	350 sacks
9-7/8"	7-5/8"	4225 ft.	1650 cu. ft.
	5-1/2" (liner)	4091-8467 ft.	700 cu. ft.
	4" (liner)	8320-8742 ft.	40 cu. 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 2760	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 1016 (7 days)	Casing Pressure (shut-in) 1017 (7 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 B. R. VANDERSLICE	(Signature)
B. R. Vanderslice Area Superintendent	(Title)
December 22, 1969	(Date)

OIL CONSERVATION COMMISSION DEC 24 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.	