

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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 87401	
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. 10	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Federal FEDERAL	Lease No. CONTRACT #150
Location				
Unit Letter B	990	Feet From The NORTH Line and 1685	Feet From The EAST	
Line of Section 12	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) FARMINGTON, NEW MEXICO 87401					
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) FIDELITY UNION TRUST DALLAS, TEXAS 75201					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 12	Twp. 26 N	Rge. 5 W	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.
		X	X					
Date Spudded 10/20/70	Date Compl. Ready to Prod. 12/13/70	Total Depth 8400 FT. R.K.B.	P.B.T.D. 8361 FT. R.K.B.					
Elevations (DF, RKB, RT, GR, etc.) 7239 FT. R.K.B.	Name of Producing Formation MESAVERDE	Top Oil/Gas Pay 5558 FT. R.K.B.	Tubing Depth 6068 FT. R.K.B.					
Perforations 5558 - 6106 FT. R.K.B.			Depth Casing Shoe 8396 FT. R.K.B.					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	10-3/4"		380		250 SKS.			
9-7/8"	7-5/8"		4150		1400 CU.FT.			
6-3/4"	5-1/2" (Top)		3992 (Bottom)		700 CU.FT.			
	1-1/2 I.J.		6068					

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 2069	Length of Test 3 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 999 (18 DAYS)	Casing Pressure (shut-in) 1001 (18 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

JANUARY 8, 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 26 1971**, 19 _____

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

TITLE **SUPERVISOR DIST. #8**

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.