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OPERATOR	1		
PRORATION OF	ICE		
Operator Cont h	nome Th	nd ar	a Das

by a regulational substitution and substitutions of the substitution of the substituti	OISTRIBUTION SANTA FE / FILE / U.S.G.S. LAND OFFICE		REQUEST F	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
1.	TRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE						<u>-</u>		
	Southern Union P	roduction C	omp any						
Address D.O. Barr 909 Formula Mary Movidos 871.00									
P.O. Box 808, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain)									
	New Well		ransporter of:				:		
	Recompletion Change in Ownership	Oil Casinghead	Gas Conden	75					
	If change of ownership give name and address of previous owner						****		
II.	DESCRIPTION OF WELL AND LEASE								
	Lease Name	Well No. F	ool Name, Including Fo		Kind of Lease State, Federa	e ulor Fee Federal	Contract #100		
	Jicarilla "D"		ESTATION INCO				1 11 200		
	Unit Letter A ; 11	90 Feet From	The North Line	e and 1190	Feet From	The East			
	Line of Section 29 To	wnship 26 No	_	West , NM	PM, Rio	Arriba	County		
HY.	DESIGNATION OF TRANSPOR	TER OF OIL A	ND NATURAL GA	S Address (Give addre	ss to which appro	ved copy of this form is	to be sent)		
	Plateau, Inc.			Farmington,	New Mexico	o 87401			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent) Fidelity Union Towar Dellas Texas 75201 Attn: Robert McCrary					
	Southern Union Gas Co	Unit Sec.	Twp. Ege.	Dallas, Tex Is gas actually conn		nen	1001411		
	If well produces oil or liquids, give location of tanks.	A 29	26N 3W	No					
	If this production is commingled wi	th that from any	other lease or pool,	give commingling or	der number:	······································			
IV.				New Well Workov	er Deepen	Plug Back Same Re	s'v. Diff. Res'v.		
	Designate Type of Completion - (X) Date Smydded Date Compl. Ready to Prod.		XX Total Depth		P.B.T.D.				
	Date Spudded 10-24-72	11-30-	-	6065 Ft.		6045 Ft.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	-	Top Oil/Gas Pay 5942 Ft.		Tubing Depth 5850 Ft.			
	7155 Ft. R.K.B.	Mesave	erde	5942 Ft.		Depth Casing Shoe			
	5942 - 6024 Ft.					6 05 0 F t.			
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET						SACKS CE	MENT		
	13-3/4"	9-5/8"		269 Ft.		225 Sacks			
	8-3/4"	7" (In	termediate) ho	48 ft. 1st st	age cement	ed $w/500$ cu.ft	cement.		
	6-1/4"	1-1/2"	(Liner) 3888	ft. to 6050 f	t. cemente	d w/500 cm. ft	cement		
v	. TEST DATA AND REQUEST F	OR ALLOWAR	LE (Test must be a	ifter recovery of total	volume of load oil	l and must be equal to or	exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks Date of Test Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)								
		Casing Pressure		Choke Size	PINA				
	Langth of Test	Tubing Pressur	•	Coming Pressure		101	LIVEN		
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gas-MCF			
						JA*	+ 1 1973 		
	GAS WELL					Gravity of Condensa	COM.		
	Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate 3				
	740 Testing Method (pitot, back pr.)	7 Hours		Casing Pressure (S	hut-in)	Choke Size	A South Control of the Control of th		
	Back Pressure	1200 (Days)	Packer		3/4"			
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				01		ATION COMMISSI	N		
				APPROVED					
I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				By Original Signed by Emery C. Arnold					
			TITLE SUPERVISOR DIST. #3						
	Original signed by			This form is to be filed in compliance with RULE 1104.					
Dan R. Collier			If this is a	If this is a request for allowable for a newly drilled or despened					
Dan R. Collier (Signature) Office Manager				ii teeta takan on	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
		Title)		ll able on new an	d tecombracad A	Mette.			
	December 28, 1972	Data		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.					
	(4	Date)		t t					