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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)*
New Well [XX]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
JICARILLA "D"	12	TAPACITO PICTURED CLIFFS	State, Federal or Fee FEDERAL	CONTRACT #100

Location
Unit Letter ~~F~~ E ; 1640 Feet From The NORTH Line and 1620 Feet From The WEST

Line of Section 29 Township 26 NORTH Range 3 WEST , NMPM, RIO ARRIBA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [XX]
PLATEAU, INC.
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 [ ] or Dry Gas [XX]
SOUTHERN UNION GAS COMPANY
Address *(Give address to which approved copy of this form is to be sent)*
1500 FIDELITY UNION TOWER
DALLAS, TEXAS ATTN: ROBERT McCRARY

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	29	26N	3W	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/28/73	11/1/73	3850 FT. R.K.B.	3806 FT. R.K.B.
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
7101 FT. R.K.B.	PICTURED CLIFFS	3765 FT. R.K.B.	3748 FT. R.K.B.
Perforations			**Depth Casing Shoe**
3765 - 3796 FT.			3849 FT.

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	166 FT.	125 SACKS
7-7/8"	4-1/2"	3849 FT. STAGE COLLAR SET AT 2435 FT.	
	1ST STAGE CEMENTED W/420 CU.FT. 2ND STAGE CEMENTED W/750 CU. FT.		
	1-1/2" E.U.E.	3748 FT.	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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

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NOV 27 1973
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1972	3 HOURS		
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
BACK PRESSURE	813	815	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.

DAN R. COLLIER *(Signature)*
OFFICE MANAGER *(Title)*
NOVEMBER 20, 1973 *(Date)*

OIL CONSERVATION COMMISSION

APPROVED NOV 27 1973 , 19 _____

BY Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 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.