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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 ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ 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 **JICARILLA "D"** Well No. **13** Pool Name, Including Formation **TAPACITO PICTURED CLIFFS** Kind of Lease **FEDERAL** Lease No. **CONTRACT #100**  
Location  
Unit Letter **A** : **915** Feet From The **NORTH** Line and **860** Feet From The **EAST**  
Line of Section **32** 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 ☒ **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 ☒ **SOUTHERN UNION GAS COMPANY** Address (Give address to which approved copy of this form is to be sent) **FIDELITY UNION TOWER DALLAS, TEXAS ATTN: ROBERT MCCRARY**  
If well produces oil or liquids, give location of tanks. Unit **A** Sec. **32** Twp. **26N** Rge. **3W** Is gas actually connected? **No** When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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 **8-14-73** Date Compl. Ready to Prod. **10-19-73** Total Depth **6195 FT. R.K.B.** P.B.T.D. **6154 FT. R.K.B.**  
Elevations (DF, RKB, RT, GR, etc.) **7225 FT. R.K.B.** Name of Producing Formation **PICTURED CLIFFS** Top Oil/Gas Pay **3844** Tubing Depth **3867 FT. R.K.B.**  
Perforations **3844 - 3870** Depth Casing Shoe **6190 FT. R.K.B.**

TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**12-1/4" 8-5/8" 234 FT. 150 SACKS**  
**7-7/8" 5-1/2" 6190 FT. STAGE COLLARS SET AT 2504 FT. AND**  
**4000 FT. 1ST STAGE CEMENTED W/570 CU. FT. CEMENT. 2ND STAGE CEMENTED W/420 CU. FT. CEMENT.**  
**3RD STAGE W/700 CU. FT. CMT. 1-1/2" I.D. 3867 FT.**

VI. 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)

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 **185** Length of Test **3 HOURS** Bbls. Condensate/MMCF **677** Gravity of Condensate **50.3**  
Testing Method (pitot, back pr.) **BACK PRESSURE** Tubing Pressure (shut-in) **677** Casing Pressure (shut-in) **677** Choke Size **3/4"**

VII. 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 **DAN R. COLLIER** (Signature)  
**DAN R. COLLIER** (Title)  
**DECEMBER 13, 1973** (Date)  
OIL CONSERVATION COMMISSION  
**DEC 14 1973**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
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