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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 <b>SOUTHERN UNION PRODUCTION COMPANY</b>		
Address <b>P. O. Box 808, FARMINGTON, NEW MEXICO 87401</b>		
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 <b>JICARILLA 1D<sup>n</sup></b>	Well No. <b>13</b>	Pool Name, including Formation <b>BLANCO MESAVERDE</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>CONTRACT #100</b>
Location				
Unit Letter <b>A</b>	<b>915</b>	Feet From The <b>NORTH</b> Line and	<b>860</b>	Feet From The <b>EAST</b>
Line of Section <b>32</b>	Township <b>26 NORTH</b>	Range <b>3 WEST</b>	, NMPM, <b>RIO ARRIBA</b> 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)			
<b>PLATEAU, INC.</b>	<b>FARMINGTON, NEW MEXICO 87401</b>			
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)			
<b>SOUTHERN UNION GAS COMPANY</b>	<b>FIDELITY UNION TOWER</b>			
	<b>DALLAS, TEXAS 75202 ATTN: ROBERT MCCRARY</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>32</b>	Twp. <b>26N</b>	Rge. <b>3W</b>
			Is gas actually connected? <b>No</b> When	

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

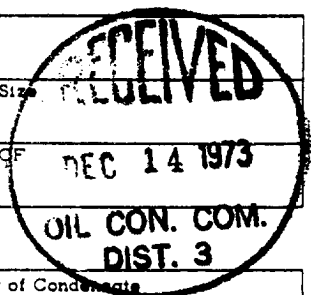
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>XX</b>	<b>XX</b>					
Date Spudded <b>8-14-73</b>	Date Compl. Ready to Prod. <b>10-19-73</b>	Total Depth <b>6195 FT. R.K.B.</b>		P.B.T.D. <b>6154 FT. R.K.B.</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>7225 FT. R.K.B.</b>	Name of Producing Formation <b>MESAVERDE</b>	Top Oil/Gas Pay <b>5942</b>		Tubing Depth <b>5965</b>				
Perforations <b>5942 - 6012 FT.</b>						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>234 FT.</b>	<b>150 SACKS</b>
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>6190 FT. STAGE COLLARS SET AT 2504 FT. AND</b>	
<b>4000 FT. 1ST STAGE CEMENTED W/570 CU.FT. OMT.</b>	<b>2ND STAGE CEMENTED W/420 CU.FT. 3RD STAGE</b>		
<b>W/700 CU. FT.</b>	<b>1-1/2" E.U.E.</b>	<b>5965 FT.</b>	

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 <b>1401</b>	Length of Test <b>3 HOURS</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>BACK PRESSURE</b>	Tubing Pressure (Shut-in) <b>1183</b>	Casing Pressure (Shut-in) <b>PACKER</b>	Choke Size <b>3/4"</b>

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>DAN R. COLLIER</b>	(Signature)
<b>DAN R. COLLIER</b>	(Title)
<b>OFFICE MANAGER</b>	(Date) <b>DECEMBER 13, 1973</b>

OIL CONSERVATION COMMISSION	
APPROVED	<b>DEC 14 1973</b> , 19
BY	Original Signed 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	