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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)	
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 "A"</b>	Well No. <b>14</b>	Pool Name, including Formation <b>WILD HORSE</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>CONTRACT #105</b>
Location				
Unit Letter <b>A</b>	<b>1186</b>	Feet From The <b>NORTH</b>	Line and <b>1160</b>	Feet From The <b>EAST</b>
Line of Section <b>24</b>	Township <b>26 NORTH</b>	Range <b>4 WEST</b>	County <b>RIO ARriba</b>	

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>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>FIDELITY UNION TOWER</b>					
<b>SOUTHERN UNION GAS COMPANY</b>	<b>DALLAS, TEXAS ATTN: ROBERT MCCRARY</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>24</b>	Twp. <b>26N</b>	Rge. <b>4W</b>	Is gas actually connected? <b>No</b>	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.
		<b>XX</b>	<b>XX</b>					
Date Spudded <b>9-7-73</b>	Date Compl. Ready to Prod. <b>10-29-73</b>	Total Depth <b>7590 FT. R.K.B.</b>	P.B.T.D. <b>7552 FT. R.K.B.</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>7136 FT. R.K.B.</b>	Name of Producing Formation <b>GALLUP</b>	Top Oil/Gas Pay <b>7534 FT. R.K.B.</b>	Tubing Depth <b>7513 FT. R.K.B.</b>					
Perforations <b>7534 - 7550</b>		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>13-3/4"</b>	<b>10-3/4"</b>	<b>345 FT.</b>	<b>250 SACKS</b>
<b>9-7/8"</b>	<b>7-5/8"</b>	<b>4050 FT. STAGE COLLAR AT 2200 FT. 1ST STAGE</b>	
<b>6-3/4"</b>	<b>5-1/2" (LINER)</b>	<b>3912 - 7589 FT.</b>	<b>600 CU. FT.</b>

V. TEST DATA AND REQUEST FOR ALLOWABLE 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

GAS WELL

Actual Prod. Test-MCF/D <b>1061</b>	Length of Test <b>3 HOURS</b>	Bbls. Condensate/MCF	Grains of Condensate
Testing Method (pitot, back pr.) <b>BACK PRESSURE</b>	Tubing Pressure (shut-in) <b>562</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.

**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.

Separate Forms C-104 must be filed for each pool in multiply