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SANTA FE			
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			
PROBATION OFFICE		1	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
ŀ	U.S.G.S.	ALITHODIZATION TO TOA	AND NSPORT OIL AND NATURAL GA			
	LAND OFFICE	AUTHORIZATION TO TRAI	NOTOR TOTE AND NATURAL GA	. 5		
	TRANSPORTER OIL /					
	OPERATOR /					
1.	PRORATION OFFICE					
	Southern Union Production Company					
Address						
	P. O. Eox 808, Farmington, New Mexico 37401 Reason(s) for filing (Check proper box) Other (Please explain)					
	New We!l	Oil Dry Gas	s			
!	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	Jicarilla "G"	11 Tapacito Pictu	1	cr Fee Federal #150		
	Location					
	Unit Letter I : 1490 Feet From The South Line and 925 Feet From The East					
	Line of Section 1Tow	nship 26 North Range	5 Test , NMPM, Rio A	riba County		
		NED OF ON AND NATURAL CA	c			
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Plateau, Inc.		Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas Southern Union Gas		Fidelity Union Tower Bldg. 1507 Pacific Ave.			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	Attn: Robert Metrary		
	give location of tanks.	I 1 26N 53	No			
IV	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
	Designate Type of Completio	n = (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	9-23-74	11-6-74	4025 ft. R.K.B.	3696 ft. R.K.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Pictured Cliffs	Top Cil/Gas Pay 3896 ft. R.K.B.	3741 Ft.		
	7195 ft. R.K.B.	1160atea ATTITA)0)0 101 MM	Depth Casing Shoe		
	3896 - 3916 Ft.		A CENTURE DECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	3-5/8 [#]	202 ft.	140 sacks		
	7-7/8"	4-1/211	4000 Ft.	Stage Collar set at		
	2596 ft	4_4/2# E.H.R.	250 sacks. 2nd stage of 3741 Ft.	<u> </u>		
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)					
	Oll. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump ros life			
	Date 1 hat the work of the state of the stat			Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	1		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
	GAS WELL		<i>.</i>			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	329 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure	340	339	3/4*		
VI.	OIL CONSERVATION CO					
			APPROVED	, 19		
	I hereby certify that the rules and regulations of the 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 R. P. VANDERSLICE This form is to be filed in compliance with Rule and Complete to the compliance with Rule and Complete to the compliance with Rule and Complete to the complete for a newly driven by the complete to the compliance with Rule and Complete to the complet		-Original -			
			ene same e est.			
			The second secon	and the attempts for a newly drilled or despense		
	B. R. Vanderslice	B. R. Vanderslic@ignature) Area Superintendent (Title) December 16, 1974 (Date) If this is a request for allowable for allowable for subulation of the deviation of the feveral value of the form must be accompanied by a tabulation of the deviation of the feveral value of the 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 own well name or number, or transporter, or other such change of conditions in the deviation of the				
	Area Superintendent					
	•					
	completed wells.					