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OPERATOR		/
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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: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)

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>18</b>	Pool Name, Including Formation <b>Tapacito Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>Contract #105</b>
Location				
Unit Letter <b>P</b>	<b>1190</b>	Feet From The <b>South</b>	Line and <b>925</b>	Feet From The <b>East</b>
Line of Section <b>14</b>	Township <b>26 North</b>	Range <b>4 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 37401</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, 1507 Pacific Ave. Dallas, Texas 75201, Attn: Robert McGrary</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>P</b>	<b>24</b>	<b>26N</b>	<b>4</b>	<b>No</b>	

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	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
<b>9-7-74</b>	<b>11-11-74</b>	<b>3910 ft. R.K.B.</b>		<b>3881 Ft. R.K.B.</b>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
<b>7153 Ft. R.K.B.</b>	<b>Pictured Cliffs</b>	<b>3818 ft. R.K.B.</b>		<b>3720 Ft. R.K.B.</b>				
Perforations	Depth Casing Shoe							
<b>3818 - 3850 Ft. R.K.B.</b>	<b>3909 Ft. R.K.B.</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>3-5/8"</b>		<b>177 ft. R.K.B.</b>		<b>115 sacks</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>3909 ft. R.K.B.</b>		<b>Stage Collar set at</b>			
	<b>2606 ft. 1st stage cemented w/285 sacks. 2nd stage cemented w/267 sks.</b>							
	<b>1-1/2" E.U.E.</b>		<b>3720 ft.</b>					

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)

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<b>1993</b>	<b>3 hours</b>		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<b>Back Pressure</b>	<b>653</b>	<b>652</b>	<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  
**Dan R. Collier**

(Signature)

Office Manager

(Title)

November 25, 1974

(Date)

OIL CONSERVATION COMMISSION

NOV 27 1974

APPROVED

BY **Original Signed by Larry G. Arnold**

TITLE **SUPERVISOR DIST. #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 completed wells.