

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
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) Other (Please explain)  
New Well ☐ Change in Title ☐  
Recompletion ☐ Oil ☐ Gas ☒ **Change in name of Transporter**  
Change in Ownership ☐ Termination ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Jicarilla "E"** Section **11** **Tapacito Pictured Cliffs** Kind of Lease **Federal** Lease No. **Contract #104**  
Location  
Unit Letter **C** **800** Feet From Top **North** **2075** Feet From The **West**  
Line of Section **22** Township **26 North** Range **4 West** NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil **Platteau Inc** Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Gas **Gas Company of New Mexico** Address (Give address to which approved copy of this form is to be sent)  
**First International Bldg., Dallas, Texas 75270**  
Attn: **R.J. McGrary**  
If well produces oil or liquids, give location of tanks. If not actually connected? When

If this production is commingled with oil from any other well, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion **(1)**  
Date Spudded **1-1-65** Time Cement Ready **1-1-65** Depth **2075** P.B.T.D.  
Elevations (DF, RKB, RT, GK, etc.) **1-1-65** Time of Producing **1-1-65** L/Gas Pay **1-1-65** Tubing Depth  
Perforations **1-1-65** Depth Casing Shoe  
HOLE SIZE **8 1/2** CASING **7**  
DEPTH SET **2075** SACKS CEMENT **10**

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL  
Date First New Oil Run To Tanks **1-1-65**  
Length of Test **1-1-65** Flowing Pressure **1-1-65** Choke Size **1-1-65**  
Actual Prod. During Test **1-1-65** Water-Bbls. **1-1-65** Gas-MCF **1-1-65**

GAS WELL  
Actual Prod. Test-MCF/D **1-1-65** Solids-Condensate/MMCF **1-1-65** Gravity of Condensate **1-1-65**  
Testing Method (pitot, back pr.) **1-1-65** Flowing Pressure (Shut-in) **1-1-65** Choke Size **1-1-65**

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 above is true and complete to the best of my knowledge.  
APPROVED **19**  
Original **19**  
COPIES **19**

**Rudy D. Motto** (Signature)  
**Area Superintendent**  
(Title)  
**September 2, 1976**  
(Date)

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 logs taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowables 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 multiple