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TRANSPORTER	OIL 5 GAS 1
OPERATOR	
PRORATION OFFICE	

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

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 NEWSOM B	Well No. 9-4	Pool Name, Including Formation BLANCO MESAVERDE EXT.	Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter G ; 1595 Feet From The NORTH Line and 1815 Feet From The EAST Line of Section 7 , Township 26-NORTH Range 8-WEST , NMPM, SAN JUAN 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)
PLATEAU, INC. - 90% NEW MEXICO BANKERS, INC. - 10%	FARMINGTON, NEW MEXICO FARMINGTON, NEW MEXICO
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)
EL PASO NATURAL GAS COMPANY	FARMINGTON, NEW MEXICO, P.O. Box 990
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	G 7 26-N 8-W No

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudde 11/28/64	Date Compl. Ready to Prod. 12/21/64	Total Depth 6680	P.B.T.D. 6625					
Pool BLANCO MESAVERDE EXT.	Name of Producing Formation MESAVERDE	Top Oil/Gas Pay 4276	Tubing Depth 4311					
Perforations 4276-4360			Depth Casing Shoe 6680					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	315 FT.	225 SACKS					
7-7/8"	5-1/2"	6680	1600 CU. FT.					
	1-1/4"	4311						

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-Bbbls.	Water-Bbbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 201	Length of Test 3 HRS	Bbbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure 485 PSI	Casing Pressure 8.5 PSI	Choke Size 3/4" TESTED THRU CGG.

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.

***WELL IS A MESAVERDE & DAKOTA DUAL COMPLETION**

GILBERT D. NOLAND, JR.
DRILLING SUPERINTENDENT
FEBRUARY 16, 1965
(Date)

OIL CONSERVATION COMMISSION
APPROVED **FEB 19 1965**, 19
BY **Original Signed Emery C. 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 Sections I, II, III, and VI only 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.