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	GAS	<input type="checkbox"/>
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

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 _____

Lease Name POSTER		Well No. 4	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL
Location				
Unit Letter G	1850	Feet From The North	Line and 2220	Feet From The East
Line of Section 4 , Township 26 North , Range 8 West , NMPM, San Juan County				

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)	
Platinum, Inc. 90% New Mexico Tankers, 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		P. O. Box 990 - Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 4	Twp. 26-N Rge. 8-W
			Is gas actually connected? Yes When March 17, 1965

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded October 15, 1964	Date Compl. Ready to Prod. Nov. 23, 1964	Total Depth 7048 Ft.		P.B.T.D. 7007 Ft.					
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 6725 Ft.		Tubing Depth 6863 Ft.					
Perforations 6725 - 6939				Depth Casing Shoe 7040 Ft.					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	305 Ft.		200					
7-7/8"	5-1/2"	7040 Ft. 1st stage cemented w/325 cu. ft. cement. 2nd. stage thru collar at 5019 w/400 cu. ft. cement. 3rd. stage thru collar at 2549 ft. w/1000 cu. ft. cement. 1-1/2" EUE. 6863 ft.							

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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D 2115	Length of Test 3 Hrs.
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure 176 psig
	Grav. of Condensate
	Choke Size 3/4"

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.	
* This well is a Dakota and Mesaverde dual completion.	
Gilbert D. Noland, Jr. <i>Gilbert D. Noland</i> (Signature) Drilling Superintendent (Title) March 22, 1965 (Date)	
OIL CONSERVATION COMMISSION APPROVED MAR 23 1965 , 19_____ BY Original Signed Emery C. Arnold Supervisor Dist. # 3 TITLE _____ 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.	