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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 1-1-6,

Operator SOUTHERN UNION PRODUCTION COMPANY	
Address P. O. Box 808, FARMINGTON, NEW MEXICO	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEWSOM "B"	Well No. 10	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 1850 Feet From The EAST		
Line of Section 8	Township 26 NORTH	Range 8 WEST	County SAN JUAN

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NEW MEXICO TANKERS PLATEAU, INC.	Address (Give address to which approved copy of this form is to be sent) FARMINGTON, NEW MEXICO FARMINGTON, NEW MEXICO		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, FARMINGTON, NEW MEXICO		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 8	Twp. 26N
		Rge. 8W	Is gas actually connected? 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded NOVEMBER 11, 1965	Date Compl. Ready to Prod. DECEMBER 10, 1965	Total Depth 6750 FT.	P.B.T.D. 6713					
Pool BASIN DAKOTA	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 6434 FT.	Tubing Depth 6525					
Perforations 6434 FT. - 6650 FT. TOTAL 90 HOLES			Depth Casing Shoe 6750 FT.					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	324 FT.	225 Sx.					
7-7/8"	4-1/2"	6750 FT.	1ST STAGE CEMENTED W/450 CU.FT.					
STAGE COLLAR AT 4635 FT. CEMENTED W/500 CU. FT.		6525 FT.	STAGE COLLAR AT 2244 FT. CEMENTED W/1000 CU.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 2704	Length of Test 3 HRS.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PR.	Tubing Pressure 232 PSIA @ 67° F.	Casing Pressure 851 PSIA	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.

Original Signed By
BENNY E. BECHTOL

BENNY E. BECHTOL (Signature)

PETROLEUM ENGINEER

DECEMBER 23, 1965

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 28 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.