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	NO. OF COPIES RECEIVED									
-	DISTRIBUTION NEW MEXICO OIL C						SSION	Form C		
-	ILE I w	REQUEST			FOR ALLOWABLE				edes Old C-104 and C-1. ve 1-1-65	
-	J.S.G.S.	ALITHO	AND AUTHORIZATION TO TRANSPORT OIL AND NATURA					GAS		
	LAND OFFICE									
T T	ANSPORTER OIL 2							<b>∕oFi</b>	7/1/2	
	GAS /	-						/ nll	LIVIA	
<b>├</b>	PRORATION OFFICE	1						i ma		
# ·	Operator Operator							OAINI	\$1567	
	SOUTHERN UNION PRODUCTION COMPANY						OIL CO	N. Care !		
A	Address							\ DIS	T. 3	
-	P. O. Box 808 - Farmington, New Mexico 87401  Reason(s) for filing (Check proper box)  Other (Please explain)									
ŀ	New Well Change in Transporter of:									
R	ecompletion	Oil Dry Gas								
С	hange in Ownership	Casinghead	i Gas	Condens	sate					
	change of ownership give name									
an	d address of previous owner									
	ESCRIPTION OF WELL AND		Pool Name, Inc	luding Fo	rmation		Kind of Lea	se	Lease No.	
				-			State, Feder		deral	
L	Newsom "A" 3 Basin Dakota Location								MATAL	
	Unit Letter <u>M</u> ; 935	Feet From	The South	Line	and 119	NO.	Feet From	The West		
	•							•	G <b>1</b>	
L	Line of Section Tow	vnship 26	North Ro	inge	West	, NMPM	San	Juan	County	
I. DI	ESIGNATION OF TRANSPORT	TER OF OIL	AND NATUR	RAL GAS	S					
N	Name of Authorized Transporter of Oil 🔼 or Condensate 🗌				Address (Give address to which approved copy of this form is to be sent)  Farmington, New Mexico					
N	Plateau, Inc. 90%  New Merito Tankers 10%  Name of Authorized Transporter of Casinghead Gas or Dry Gas								form is to be sent)	
77	El Paso Natural Gas	<del></del>	or Dry Gds	· 🎩 :	Address (Gibe damess to which approved copy of this form is to be sent)					
-		Unit Sec.	Twp.	Rge.	Is gas actua	ally connecte	ed? W	'hen		
	well produces oil or liquids, ive location of tanks.	M	26N	8w	Ne	)				
If	this production is commingled wit	h that from any	other lease	or pool,	give commin	ngling order	number:			
	OMPLETION DATA			ıs Well	New Well	Workover	Deepen	Plug Back S	Same Restv. Diff. Restv	
	Designate Type of Completion		1 Mett   Cq	X	Tow Well	HOLKOAGI	l	I lug back	1	
-	ate Spudded	Date Compl. Re	eady to Prod.		Total Depth	1		P.B.T.D.		
	11/28/66	12/23/	66			) Ft.		6856 £	t	
Ē	levations (DF, RKB, RT, GR, etc.)	Name of Produc	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
	B asin Dakota	Dakota			661/4			6700 F Depth Casing	Shoe	
	Perforations 66lul - 6850 Pt.							6885 ft.		
$\vdash$	TUBING, CASING, AND CEMENTING RECORD									
	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	12-1/4*			298 ft.				300 sacks t stage cemented with		
-	7-7/8**	4~	./2 <sup>m</sup>			385 ft.	44 0			
-	600 cu. ft., Stage col	lar set at	/20 E.U.	<u>. Cen</u>	ented W/	750 cu.	It. S	rage COLIST	88t at 2304 I	
	v/1100 cn. ft.		RIE (Test	must be at	ter recovery	of total volu	me of load o	il and must be equ	al to or exceed top allow	
0	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 allo able for this depth or be for full 24 hours)  Onto Elect New Oil Flum To Tanks    Date of Test   Producing Method (Flow, pump, gas lift, etc.)									
	Date First New Oil Flun To Tanks Date of Test.				Producing h	Method (Fiou	u, pump, gas	tift, etc./		
-	ength of Test	Tubing Pressu	Tubing Pressure		Casing Pressure			Choke Size	Choke Size	
	Sendin or Lear									
7	Actual Prod. During Test	Oil-Bbls.	Oil-Bbls.		Water-Bbls.			Gas-MCF		
	AS WELL  ctual Prod. Test-MCF/D   Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
'			2 has							
-	2.357 Testing Method (pitot, back pr.)	Tubing Pressu	re (Shut-in)		Casing Pre	ssure (Shut	-in)	Choke Size		
	Back Pressure	19),7 (1	19/1 (10 days)		1938 (10 days)		3/14**			
/I. C	CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION				
					APPROVED JAN 2 0 1087					
I	hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			Original Signed by Emery C. Arnold						
al	bove is true and complete to the	e best of my k	nowledge and	belief.						
					    TITLE .	SUPER	VISOR DI	ST. #3		
(	Original signed by			This form is to be filed in compliance with RULE 1104.						
	GILBERT D. NOLAND, JR.			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						
	(Sign	ature)			l wall thi	ie form mus	t be accom	panied by a tabu cordance with R	listion of the deviation	
O.	Hilbert D. Noland, Jr. Hilling Superintendent (Title)				A11	sections of	f this form	must be filled ou	it completely for allow	
.01	(Title)				able on new and recompleted wells.					

January 12, 1967 (Date)

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.