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TRANSPORTER	OIL	2		
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OPERATOR		i		
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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

,	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE / ~		AND			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	AS		
	OIL 2	_				
	TRANSPORTER GAS /	-				
	OPERATOR I					
I.	PRORATION OFFICE					
	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 Transporter of:				
	Recompletion	Oil Dry Gas	s 🔲 📗			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name					
	and address of previous owner					
**	DESCRIPTION OF WELL AND	TEACE				
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo		SFease No.		
	NEWSOM #B#	13 BASIN DAKOTA	State, Federal	or Fee FEDERAL 078384		
	Location Dash Dash Dash Dash					
	Unit Letter L ; 1755 Feet From The SOUTH Line and 965 Feet From The EST					
		ownship 26 NORTH Range 8	WEST , NMPM, SAI	N JUAN County		
	Line of Section 9 To	ownship 26 NORTH Range 8	WEST , MMFM, SA	N COAN COUNTY		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S			
	Name of Authorized Transporter of O NEW MEXICO LANK	or Condensate	Address (Give address to which approve EARMINGTON, NEW MEXICO	ed copy of this form is to be sent)		
	PLATEAU NC. =	90%	Address (Give address to which approve			
			1			
	EL PASO NATURAL		P.O. Box 990: FARMINGTON Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.	No			
	<u> </u>		<u> </u>			
IV.	COMPLETION DATA	rith that from any other lease or pool,	give comminging order number.			
	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv.   Diff. Restv.		
			X	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 6850 FT.	6818 FT.		
	11/10/66 Elevations (DF, RKB, RT, GR, etc.)	12/8/66  Name of Producing Formation	Top QU/Gas Pay	Tubing Depth		
	6431 R.K.B.	DAKOTA	6588 FT.	6677 FT.		
	Perforations	Ponvia		Depth Casing Shoe		
	6588 - 6806 FT.			6849 FT.		
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	330 FT.	250 sx.		
	12=1/4 <sup>n</sup> 7=7/8 <sup>n</sup>	λ=1/2 <sup>#</sup>	68/9 FT 1ST STGE.	CEMENTED W/600 CU.FT.		
	STAGE COLLAR SET @/	835 FT. CEMENTED W/750 C	U.FT. STAGE COLLAR SET	2385 FT. CEMENTED W/		
	1100 CU.FT.	1-1/2#E.U.	E. 6677 FT.	<u> </u>		
V.		FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a opth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, etc.)		
	Bale 1 Mar New Old New 10 1 and			CCEIVE		
	Length of Test	Tubing Pressure	Casing Pressure	Cheronal IA CD		
				111.0-		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	JAN 1 2 1967		
				OIL CON. COM.		
	GAS WELL			DIST. 3		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	3.938	3 HRS.				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	BACK PRESSURE	2069	2070	3/4"		
VI.	I CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION					
			APPROVED JANES	957 19		
	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			
above is true and complete to the best of my knowledge and belief.  Original signed by		By Original Signed by Emery of				
		TITLE SUPERVISOR DIST	TITLE SUPERVISOR DIST, #8			
		This form is to be filed in compliance with RULE 1104.				
Signature for allowable for a newly drilled or deep			shie for a newly drilled or deepened			
G :	well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.			ried by a tabulation of the deviation		
~ I	DRILLING SUPERINTENDENT			at he filled out completely for allow-		
(Title) able on new and recompleted wells.			lle.			
	JANUARY 9, 1967	Detail	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.			
	(	Date)	Separate Forms C-104 must	be filed for each pool in multiply		
			completed wells.			