

**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

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 2 GAS 1
OPERATOR	
PRORATION OFFICE	1

**I. 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   
 Change in Ownership       Casinghead Gas       Condensate

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>NEWSON</b>	Well No. <b>17</b>	Pool Name, Including Formation <b>BASIN DAKOTA</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>078433</b>
Location Unit Letter <b>H</b> ; <b>1485</b> Feet From The <b>NORTH</b> Line and <b>1165</b> Feet From The <b>EAST</b> Line of Section <b>20</b> Township <b>26 NORTH</b> Range <b>8 WEST</b> , NMPM, <b>SAN JUAN</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>PLATEAU, INC. - 90%</b> <b>NEW MEXICO TANKERS, INC. - 10%</b>	Address (Give address to which approved copy of this form is to be sent) <b>FARMINGTON, NEW MEXICO</b> <b>FARMINGTON, NEW MEXICO</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>EL PASO NATURAL GAS COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 990, FARMINGTON, NEW MEXICO</b>
If well produces oil or liquids, give location of tanks.	Unit      Sec.      Twp.      Rge.      Is gas actually connected?      When <b>H      20      26 N      8 W      No</b>

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

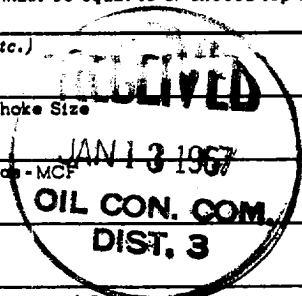
**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <b>11/13/66</b>	Date Compl. Ready to Prod. <b>12/16/66</b>	Total Depth <b>6775 FT.</b>	P.B.T.D. <b>6741 FT.</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>6369 FT. R.K.B.</b>	Name of Producing Formation <b>DAKOTA</b>	Top Oil/Gas Pay <b>6488 FT.</b>	Tubing Depth <b>6607 FT.</b>					
Perforations			Depth Casing Shoe <b>6775 FT.</b>					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>306 FT.</b>	<b>250 SACKS</b>					
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>6775 FT.</b>	<b>1ST STAGE CEMENTED W/600 CU.FT.</b>					
<b>STAGE COLLAR SET AT 4770 FT. W/750 CU.FT. CEMENT; STAGE COLLARS SET @2255 FT. W/1100 CU.FT.</b>								
	<b>1-1/2"</b>	<b>6607 FT.</b>						

**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 <b>7,168 MCF</b>	Length of Test <b>3 HOURS</b>	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>BACK PRESSURE</b>	Tubing Pressure (shut-in) <b>2293 PSI (8 DAYS)</b>	Casing Pressure (shut-in) <b>2288 PSI (8 DAYS)</b>	Choke Size <b>3/4"</b>

**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  
**GILBERT D. NOLAND, JR.**

**GILBERT D. NOLAND, JR. (Signature)**  
**DRILLING SUPERINTENDENT**

**JANUARY 11, 1967**  
(Date)

**OIL CONSERVATION COMMISSION**

**JAN 16 1967**

APPROVED BY **Original Signed by 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 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.