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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 1-1-65

I.

Operator SOUTHERN UNION PRODUCTION COMPANY	
Address P. O. Box 808, FARMINGTON, NEW MEXICO 87401	
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 checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name HODGES	Well No. 8	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Foreign FEDERAL	Lease No. SE 078432
Location				
Unit Letter L	2294	Feet From The SOUTH	Line and 990	Feet From The WEST
Line of Section 21	Township 26 NORTH	Range 8 WEST	, NMPM, SAN JUAN 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"/> PLATEAU, INC. 90% NEW MEXICO TANKERS, INC. - 10%	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 L	Sec. 21	Twp. 26 N	Rge. 8 W	Is gas actually connected? N	When

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 12/10/66	Date Compl. Ready to Prod. 12/28/66	Total Depth 6855		P.B.T.D. 6815				
Elevations (DF, RKB, RT, GR, etc.) 6435 RKB	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 6561		Tubing Depth 6695				
Perforations 6561 - 6792					Depth Casing Shoe 6856			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8	339		250				
7-7/8	4-1/2	6856		1ST STAGE CEMENTED 8/600 CU.FT.				
2ND STAGE CEMENTED 8/750 CU.FT.; 3RD STAGE CEMENTED 8/1100 CU.FT.; STAGE COLLARS 82327 & 48351	1-1/2 EUE	6695						

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 1/10/67	Length of Test 3 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 2051 PSI (9 DAYS)	Casing Pressure (Shut-in) 2044 PSI (9 DAYS)	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
GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)

DRILLING SUPERINTENDENT

(Title)

JANUARY 11, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 16 1967**

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.