

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 2 GAS 1
OPERATOR	
PRORATION OFFICE	1

I. Operator **SOUTHWEST UNION PRODUCTION COMPANY**

Address **P. O. Box 800, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box) Other (Please explain)

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"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name HODGES	Well No. 12	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee Federal	Lease No. 87078432
Location Unit Letter D , 1190 Feet From The North Line and 1100 Feet From The West Line of Section 34 Township 26 North Range 8 East , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> New Mexico Tankers 10, Platform, Inc. 90	Address (Give address to which approved copy of this form is to be sent) 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 87401					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 34	Twp. 26 N	Rge. 8E	Is gas actually connected? NO	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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded July 2, 1967	Date Compl. Ready to Prod. July 29, 1967		Total Depth 6989		P.B.T.D. 6951 ft.			
Elevations (DF, RKB, RT, GR, etc.) 6656 L.K.B.	Name of Producing Formation Dakota		Top Oil/Gas Pay 6716 ft.		Tubing Depth 6841 ft.			
Perforations 6716-6938 ft.					Depth Casing 6987 ft.			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 4-1/2"		DEPTH SET 314 ft. 6987 ft.		SACKS CEMENT 250 sz. 1st stage cemented w/650 cu. ft.			
Stage Collar at 5013 ft. Cemented w/850 cu. ft., Stage Collar at 2511 ft. Cemented w/1200 cu. ft.								
1-1/2" O.U.S. 6841 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 2,656 MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2235 (8 days)	Casing Pressure (shut-in) 2227 (8 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)

August 23, 1967

(Date)

OIL CONSERVATION COMMISSION
AUG 28 1967

APPROVED _____, 19____

BY _____

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.