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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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name NICKSON	Well No. 16	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SF 078431
Location Unit Letter 0 ; 1075 Feet From The SOUTH Line and 1515 Feet From The EAST Line of Section 35 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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/> NEW MEXICO TANKERS, INC. - 10% PLATEAU, INC. - 90%	Address (Give address to which approved copy of this form is to be sent) FARMINGTON, NEW MEXICO 87401
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. 35 Twp. 26N Rge. 8W Is gas actually connected? No When _____

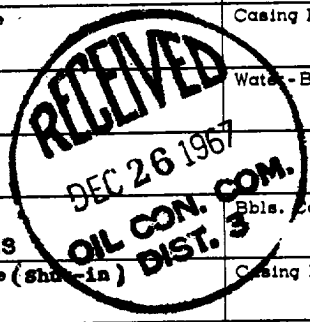
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 10/26/67	Date Compl. Ready to Prod. 11/23/67	Total Depth 7310 FT. R.K.B.		P.B.T.D. 7291 FT. R.K.B.				
Elevations (DF, RKB, RT, GR, etc.) 6974 FT. R.K.B.	Name of Producing Formation BASIN DAKOTA	Top Oil/Gas Pay 7055 FT. R.K.B.		Tubing Depth 7172 FT. R.K.B.		Depth Casing Shoe 7309 FT. R.K.B.		
Perforations 7055 - 7278								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	345 FT.		225 SACKS REGULAR				
7-7/8"	4-1/2"	7309 FT.		1ST STAGE W/700 CU.FT. CLASS "C"				
2ND STAGE W/950 CU.FT. CLASS "C", 3RD STAGE W/1200 CU.FT. CLASS "C". STAGE COLLARS AT 2891 & 5362 FT. R.K.B.		1-1/2" E.U.E.		7172 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 2,735	Length of Test 3 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 2118	Casing Pressure (shut-in) 2087	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.

GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT (Title)
DECEMBER 21, 1967 (Date)

OIL CONSERVATION COMMISSION
DEC 26 1967

APPROVED _____, 19____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #8
TITLE _____

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.