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

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**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐  
Recompletion ☒ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐  
Other (Please explain)  
**FILED AFTER REMEDIAL WORKOVER OF THE WELL.**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **ROBERT MIMS STATE** Well No. **1** Pool Name, Including Formation **BLANCO MESAVERDE** Kind of Lease  
State, Federal or Fee **STATE**  
Location  
Unit Letter **M** **1160** Feet From The **SOUTH** Line and **1090** Feet From The **WEST**  
Line of Section **16** , Township **29 NORTH** Range **9 WEST** , NMPM, **SAN JUAN** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**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**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
**SOUTHERN UNION GAS COMPANY**  
Address (Give address to which approved copy of this form is to be sent)  
**FIDELITY UNION TOWER BLDG.**  
**ATTN: MR. J. R. BYNUM, DALLAS, TEXAS.**  
If well produces oil or liquids, give location of tanks. Unit **M** Sec. **16** Twp. **29-N** Rge. **9-W** Is gas actually connected? **Yes** 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. ☐  
Date Spudded **REWORK** Date Compl. Ready to Prod. **MARCH 15, 1965** Total Depth **4730** P.B.T.D. **4696**  
**FEBRUARY 23, 1965**  
Pool **BLANCO MESAVERDE** Name of Producing Formation **MESAVERDE** Top Oil/Gas Pay **3725** Tubing Depth **4574 FEET**  
Perforations **3725 - 4618** Depth Casing Shoe **4730 FEET**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**PLEASE REFER TO C-103 FILED ON MARCH 16, 1965**

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  
Actual Prod. During Test Oil-Bbls. Water-Bbls.  
**RECEIVED**  
**MAR 25 1965**  
**OIL CON. COM.**  
**DIST. 3**

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
**2,692** **3 HOURS**  
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size  
**BACK PRESSURE** **218 PSIG** **701 PSIG** **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.**  
**DRILLING SUPERINTENDENT**  
**MARCH 23, 1965**  
OIL CONSERVATION COMMISSION  
APPROVED **MAR 25 1965**  
Original Signed By  
BY **A. R. KENDRICK**  
TITLE **PETROLEUM ENGINEER DIST NO. 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 Sections I, II, III, and VI only 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.