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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 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 MIMS STATE COM	Well No. 2	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee STATE	Lease No. E-397
Location				
Unit Letter C	925	Feet From The NORTH	Line and 1740	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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NEW MEXICO TANKERS, INC. - 10%	FARMINGTON, NEW MEXICO 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
PLATEAU, INC. - 90%	FIDELITY UNION TOWER
SOUTHERN UNION GAS COMPANY	DALLAS, TEXAS 75201
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit C Sec. 16 Twp. 29N Rge. 9W	No
ATTN: ROBERT MCCRARY	

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 12/3/69	Date Compl. Ready to Prod. 12/19/69	Total Depth 6790 FT.	P.B.T.D. 6768 FT.					
Elevations (DF, RKB, RT, GR, etc.) 5786 FT. R.K.B.	Name of Producing Formation DAKOTA	Top XX /Gas Pay 6622 FT.	Tubing Depth 6647 FT.					
Perforations 6622 - 6746 FT.			Depth Casing Shoe 6787 FT.					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	10-3/4"	309 FT.	250 SACKS					
9-7/8"	7-5/8"	2498 FT.	1000 CU. FT.					
6-3/4"	4-1/2" (LINER)	2357 - 6787 FT.	1050 CU. FT.					
	2-3/8" E.U.E.	6647 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 2,756	Length of Test 3 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 1820 PSI (8 DAYS)	Casing Pressure (shut-in) 1816 PSI (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.

GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)

DRILLING SUPERINTENDENT

JANUARY 5, 1970

(Date)

OIL CONSERVATION COMMISSION

JAN 7 - 1970

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 multiple