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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

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 FEDERAL LARGO FEDERAL	Well No. 1	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter K 1450 Feet From The SOUTH Line and 1450 Feet From The WEST Line of Section 34 , 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)
PLATEAU INC. - 90% NEW MEXICO TANKERS - 10%	FARMINGTON, NEW MEXICO FARMINGTON, NEW MEXICO
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY	P. O. Box 990, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit K Sec. 34 Twp. 29-N Rge. 9-W 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 MAY 4, 1965	Date Compl. Ready to Prod. MAY 31, 1965	Total Depth 6740 FT.	P.B.T.D. 6704					
Pool BASIN DAKOTA	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 6491 FT.	Tubing Depth 6583					
Perforations 6491-6694			Depth Casing Shoe 6740					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	10-3/4"	308 FT.	275					
9-7/8"	7-5/8"	2400 FT.	800 CU. FT.					
6-3/4"	5"	6740 FT.	900 CU. FT.					
	1-1/2" TUBING	6583 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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas MCF
Actual Prod. During Test	Oil-Bbls.		

GAS WELL

Actual Prod. Test-MCF/D 3559	Length of Test 3 HRS.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure 291 PSIG	Casing Pressure PACKER AT 6310 FT.	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

THIS WELL IS MESAVERTS & DAKOTA DUAL COMPLETION

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)
JUNE 23, 1965 (Date)

OIL CONSERVATION COMMISSION
AUG 3 1965
APPROVED _____, 19____
BY **Original Signed 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 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.