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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form 1104
Supersedes Old C-104 and C-110
Effective 1-1-61

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ILLECIBLE

I.

Operator: **GAS**
Suburban Propane Corp.

Address: **Alamo National Bldg.; San Antonio, Texas 78205**

Reason(s) for filing (Check proper box):
 New Well: Change in Transporter:
 Recompletion: Oil: Dry Gas:
 Change in Ownership: Gas in Head Gas: Condensate:

If change of ownership give name **Exxon; Box 1600; Midland, Texas 79701** and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NW Cha Cha Unit 26	Well No. 34	Pool Name, Inc. and Portion Cha Cha Gallup	Kind of Lease State, Federal or Foreign Federal	Lease No. 14-20-603 2172
Location: Unit Letter 0 760 feet from The S line of 1980 feet from The E				
Line of Section 26 Township 29N Range 14W N.M.P.M. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Four Corners Pipeline Corp.	Address (the address to which approved copy of this form is to be sent) Box 1588; Farmington, New Mexico 87401
Name of Authorized Transporter of Gasinhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	Address (the address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually transported? When
	G 21 29N 14W no

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'ty.	Diff. Res'ty.
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Gas String	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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	Length of Test	Bbls. Condensate - MCF	Choke Size
Testing Method (piston, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

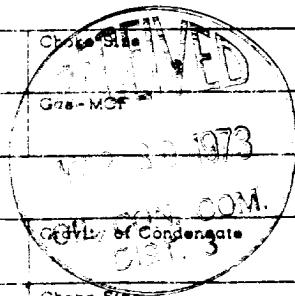
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ben B. Kelley **Ben Kelley**
(Signature)
Production Superintendent
(Title)
3-30-73
(Date)

OIL CONSERVATION COMMISSION
MAR 30 1973

APPROVED _____, 19____
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.



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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

ILLEGIBLE

Operator
 Suburban Propane Gas Corp.
 Address
 2120 Alamo National Bldg.; San Antonio, Texas 78205
 Reason(s) for filing (Check proper box) Other (Please explain)
 New well Change in Transporter or oil
 Re-orientation Oil Dry Gas
 Change in ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name NW Cha Cha Unit 26	Well No., Foot, Tract, including Formation 34 Cha Cha Gallup	Kind of Lease State, Federal or Free Federal	Lease No. 14-20-603 2172
Location Line, Corner 0 760 Feet From The S Line and 1980 Feet From The E	Line of Section 26 Township 29N Range 14W	San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108; Farmington, N. M. 87401
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)
If well produces oil or liquids, give location of tanks. Unit G Sec. 21 Twp. 29N Rge. 14W	Is gas actually connected? When no

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

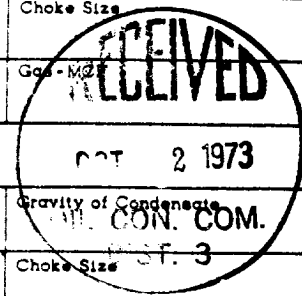
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, KKB, RT, GK, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Pilot, Sack pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size



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.

(Signature)

 10-1-73

 (Date)

OIL CONSERVATION COMMISSION
 APPROVED OCT 2 1973, 19_____
 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.
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 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.