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TRANSPORTER — OIL	2
TRANSPORTER — 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 **XX**
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐   Dry Gas ☐
Casinghead Gas ☐   Condensate ☐

Other *(Please explain)*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name **ALBRIGHT**	Well No. **7**	Pool Name, Including Formation **BASIN DAKOTA**	Kind of Lease State, Federal or Fee **FEDERAL**

Location
Unit Letter **L** ; **1650** Feet From The **SOUTH** Line and **1100** Feet From The **WEST**

Line of Section **22**, Township **29-NORTH** Range **10-WEST**, NMPM, **SAN JUAN** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate **XX**
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
FARMINGTON, NEW MEXICO

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas **XX**
EL PASO NATURAL GAS COMPANY

Address *(Give address to which approved copy of this form is to be sent)*
P. O. BOX 1560, FARMINGTON, NEW MEXICO

If well produces oil or liquids, give location of tanks.	Unit **L**	Sec. **22**	Twp. **29-N**	Rge. **10-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 **XX**	New Well **XX**	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded **DECEMBER 3, 1964**	Date Compl. Ready to Prod. **DECEMBER 28, 1964**	Total Depth **6620 FT.**	P.B.T.D. **6585 FT.**

Pool **BASIN DAKOTA**	Name of Producing Formation **DAKOTA**	Top Oil/Gas Pay **6312 FT.**	Tubing Depth **6416 FT.**

Perforations **6312-18, 6368-6400, 6426-31, 6436-41, 6446-52, 6457-63, 6472-78, 6483-88, 6492-94.**

Depth Casing Shoe **6620 FT.**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	340 FT.	200 SX.
7-7/8	4-1/2"	6620 FT.	2000 CU. FT.
	1-1/2"	6416 FT.	

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

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 **4,111**	Length of Test **3 HRS.**	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)* **BACK PRESSURE**	Tubing Pressure **332 (FLOWING) 2042 PSI, 11 DAYS**	Casing Pressure **1131 (FLOWING) 2051 PSI 11 DAYS**	Choke Size **3/4"**

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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 *(Signature)*
DRILLING SUPERINTENDENT
(Title)
JANUARY 18, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 20 1965** , 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.