NO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		/	
FILE		1	_
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	[/]	
	GAS		
OPERATOR		7	
PROPATION OFFICE			

1	DISTRIBUTION SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL G	AS		
	TRANSPORTER OIL / GAS /					
	OPERATOR / PRORATION OFFICE					
••	Operator SOUTHERN UNION PROP					
P. O. Box 808. FARMINGTON. NEW Maxico 87401						
						New Well
	Recompletion Change in Ownership	Oil Dry Ga: Casinghead Gas Conden				
	If change of ownership give name and address of previous owner					
H.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	ALBRIGHT	2 AZTEG PIOTURES		or Fee FEDERAL 077865		
	Location Unit Letter D ; 990	Feet From The NORTH Line	e and 890 Feet From 1	The West		
	Line of Section 22 Tow	viship 29 NORTH Range	10 WEST , NMPM, SAN	JUAN County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ved copy of this form is to be sent)		
	PLATEAU. INC.		FARMINGTON, NEW MEXICO Address (Give address to which approx	87401		
	Name of Authorized Transporter of Cas SOUTHERN UNION GAS	COMPANY	FIDELITY UNION TOWER BALLAS, TEXAS 75201 Is gas actually connected?	ATTNE ROBERT McCRARY		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 22 29N 10W		7/56		
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completion	on – (X)	X			
	Date Spudded Re Spot	7/1/56 1-21-7/	Total Depth 2080 FT.	P.B.T.D. 2078 FT.		
	6/6/56 1-21-7/ Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	5675 DF Perforations	PICTURED CLIFFS	2013 FT.	Depth Casing Shoe		
	2013 - 2048 FT. 2080 FT. TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		9-5/8"	139	85		
		5-1/2"	2080	200		
V.	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 able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	". " CLIVED\		
	Length of Test	Tubing Pressure	Conincipation	Choke Size		
	Actual Prod. During Test	Oil-Bble.	Water # 1 0 1971	Gre-MCF OIL CON. COM.		
			OIL CON. COM.	DIST. 3		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condene de / MMCP	Gravity of Condensate		
	172 Testing Method (pitot, back pr.)	3 HOURS Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	BACK PRESSURE	432 (9 DAYS)	442 (9 mays)	3/4 ^N		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION FEB 1 0 1971		
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.			APPROVED	APPROVED, 19		
			Original Signed by Emery C. Arnold SUPERVISOR DIST. #5			
			TITLE			
	5/	1 , Pol.	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 allow-			
	- J/al	ature)				
	VAL A. RIPPER (Sign PRODUCTION SUPERINTENDE	ENT.				
	FEBRUARY 3, 1971 (Date)		able 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.			

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 multiply completed wells.