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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 2 GAS
OPERATOR	1
PROPRATION 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

Operator	Suburban Propane Gas Corporation		
Address	2120 Alamo National Bldg.; San Antonio, Texas 78205		
Reason(s) for filing (Check proper box)	(Other (Please explain))		
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NW Cha Cha Unit 21	42	Cha Cha Gallup	Federal	14-20-603
Location				
Unit Letter	H	1650 Feet From The	N	Line and 990 Feet From The
Line or Section	21	Township	29N	Range 14W
San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate	Address (Give address to which approved copy of this form is to be sent)					
Plateau 51.85% Giant Refinery 48.15%	P. O. Box 108; Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or fluids, give location of tanks	Unit	Sec.	Twp.	Range	Is gas naturally compressed?	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	Time Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.C.					
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Day	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-Bbl.s.	Water-Bbl.s.	Gas-Bbl.s.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbl.s. Condensate/MMCF	Gravity of Condensate
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.

Jack D. Cook
(Signature)
Agent, Engineering & Prod. Service, Inc.
(Title)
11-19-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED

NOV 19 1974

BY

SUPERVISOR

TITLE

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.