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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 2 GAS
OPERATOR	1
PRODUCTION 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 Corp.		
Address	2120 Alamo National Bldg.; San Antonio, Texas 78205		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change of Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
		Effective Date: 3-1-75	

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	Case No.
NW Cha Cha Unit 21	42	Cha Cha Gallup	State, Federal or Fee Federal 14	20-603-2199
Section 21 Township 29N Range 14W, NMCM, San Juan County				
Distance H 1650 Feet From The N Line and 990 Feet From The E				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Four Corners Pipeline-90%, Plateau-10% (spot sale only) Box 1588, Farmington, NM			
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)		
Is gas actually connected?	When		
no			

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (H, K.A.B., R.I., GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Casinghead Gas		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

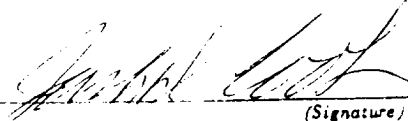
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Time Spent in Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Action, Flow, Shut-in Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size	

VII. 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 is true and complete to the best of my knowledge and belief.


Jack D. Cook
(Signature)
Agent
(Title)
3-1-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED

Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.