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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

I.

| | |
|--|--|
| Operator SOUTHERN UNION PRODUCTION COMPANY COMPANY | |
| Address P. O. Box 808, FARMINGTON, NEW MEXICO 87401 | |
| Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| 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. 8 | Pool Name, Including Formation BASIN DAKOTA | Kind of Lease State, Federal or Fee FEDERAL | Lease No. SE 077865 |
| Location Unit Letter L ; 1850 Feet From The SOUTH Line and 990 Feet From The WEST Line of Section 15 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 <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) FARMINGTON, NEW MEXICO 87401 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY | Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 FARMINGTON, NEW MEXICO 87401 | | | |
| If well produces oil or liquids, give location of tanks. | Unit L | Sec. 15 | Twp. 29 N | Rge. 10 W |
| | 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 Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded OCTOBER 20, 1966 | Date Compl. Ready to Prod. NOVEMBER 19, 1966 | | Total Depth 6835 | | P.B.T.D. 6790 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5837 R.K.B. | Name of Producing Formation DAKOTA | | Top XX Gas Pay 6554 | | Tubing Depth 6647 | | | |
| Perforations | | | | | Depth Casing Shoe 6825 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 358 FT. | | 325 SX. | | | |
| 7-7/8" | 4-1/2" | | 6825 FT. | | 1ST STAGE CEMENTED W/700 CU. | | | |
| FT. CEMENT. STAGE COLLAR SET AT 4800 FT. CEMENTED W/800 CU.FT. STAGE COLLAR SET AT 2329 FT. | | | | | CEMENTED W/1000 CU. FT. 1-1/2" E.U.E. 6647 FT. | | | |

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 3,643 MCF | Length of Test 3 HOURS | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) BACK PRESSURE | Tubing Pressure (shut-in) 1918 PSI | Casing Pressure (shut-in) 1974 PSI | Choke Size 3/4" |

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.

Original signed by
GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)

DRILLING SUPERINTENDENT

(Title)

NOVEMBER 30, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC - 2 1966**, 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.

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