

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

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
CANYA AP	1
FILE	1
U.S.O.S	
LAND OFFICE	
TRANSPORTER	OIL 2 GAS
OPERATOR	1
PROBATION OFFICE	

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: Oil ☒ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name NW Cha Cha Unit 22	Well No., Well Name, Including Formation 34 Cha Cha Gallup	Kind of Lease Federal	Lease No. 14-20-603 2199
Location County Letter O Section 480 Feet From The S Line and 1980 Feet From The E Line of Section 22 Township 29N Range 14W NMEM, 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) 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 liquids, give location of tanks.	Mat. 0 Sec. 26 Twp. 29N Rge. 14W	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 ☐ New Well ☐ Workover ☐ Deepen ☐	Back-Spacer Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Perforations
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top of Gas In	Testing Depth
		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)

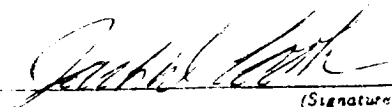
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (split, 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

NOV 21 1974

APPROVED _____, 19____
BY Original Signed by _____
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.