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| FILE                   |     | 1                 | ~ |
| U.S.G.S.               |     |                   |   |
| LAND OFFICE            |     | $L^{T}$           |   |
| IRANSPORTER            | OIL |                   |   |
| INANSPORTER            | GAS | $	extstyle ar{I}$ |   |
| OPERATOR               |     | 3                 |   |

|  | DISTRIBUTION   |  | DNSERVATION COMMIS                                     | SION                  | Form C-104   |  |
|--|--|--|--|-----------------------|--|--|
|  | SANTA FE   | REQUEST I  | FOR ALLOWABLE  |                       | Supersedes Old C-104 and C-110<br>Effective 1-1-65   |  |
|  | FILE   | AND  |  |                       |  |  |
|  | U.S.G.S.   | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS   |  |                       |  |  |
|  | LAND OFFICE  |  |  |                       |  |  |
|  | TRANSPORTER OIL  |  |  |                       |  |  |
|  | GAS  |  |  |                       |  |  |
|  | OPERATOR 3   |  |  |                       |  |  |
| 1.   | PRORATION OFFICE   |  |  |                       |  |  |
| 1  | Operator   |  |  |                       | ł  |  |
|  | SOUTHERN UNION PRO   | DUCTION COMPANY  |  |                       |  |  |
|  | Address  |  |  |                       | <b>;</b>   |  |
| P. O. Box 808, FARMINGTON, NEW MEXICO 87401  |  |  |  |                       |  |  |
|  | Reason(s) for filing (Check proper box)                        |  | Other (Please  | explain)              | i  |  |
|  | New Well   | Change in Transporter of:  |  |                       |  |  |
|  | Recompletion   | Oil Dry Gas  | * <u> </u>   |                       |  |  |
|  | Change in Ownership  | Casinghead Gas Conden  | scte   |                       |  |  |
|  |  |  |  |                       |  |  |
|  | If change of ownership give name and address of previous owner |  |  |                       |  |  |
|  | and address of previous owner                                  |  |  |                       |  |  |
| 11.  | DESCRIPTION OF WELL AND I                                      | EASE   |  |                       |  |  |
|  | Lease Name   | Well No.; Pool Name, Including Fo  | _  | Kind of Lease         | Spease No.   |  |
|  | ZACHRY   | 12 Aztec Pictur  | RED ULIFFS   | State, Federal or Fe  | • FEDERAL \$80724 A  |  |
|  | Location   |  |  |                       |  |  |
|  | Unit Letter F 1850   | Feet From The NORTH Line   | e and 1850   | Feet From The         | West   |  |
|  |  |  | 4.5. (1)   | 0 4.                  |  |  |
|  | Line of Section 33 Tow   | mship 29 ORTH Range  | 10 WEST , NMPM,  | SAN JU                | AI County  |  |
|  |  |  |  |                       |  |  |
| Ш.   | DESIGNATION OF TRANSPORT                                       | ER OF OIL AND NATURAL GA   | S  | which approved co     | py of this form is to be sent)   |  |
|  | Name of Authorized Transporter of Oil                          | or Condensate  | Address (Give dadress in                               | which approved co     | ,  |  |
|  |  | inghead Gas or Dry Gas A   | Address (Cive address to                               | which approved co     | py of this form is to be sent)   |  |
|  | Name of Authorized Transporter of Cas                          | ,  |  |                       | AS, TEXAS 75201  |  |
|  | SOUTHERN UNION GATHE   | · · · · · · · · · · · · · · · · · · ·  | 's gas actually connecte                               |                       | AS ICANS ISANI   |  |
|  | If well produces oil or liquids,                               | Unit Sec. Twp. Rge.  | ilo  | 1 "                   |  |  |
|  | give location of tanks.  |  | 1  | <u></u>               |  |  |
|  | If this production is commingled wit                           | h that from any other lease or pool,   | give commingling order                                 | number:               |  |  |
| IV.  | COMPLETION DATA  |  | New Well Workover                                      |                       | Back   Same Res'v. Diff. Res'v.  |  |
|  | Designate Type of Completion                                   | (95)   | 1 1  | ) l                   |  |  |
|  |  |  | X<br>Total Depth                                       | PR                    | .T.D.  |  |
|  | Date Spudded   | Date Compl. Ready to Prod.   | 1 -  |                       | 2012 FT.   |  |
|  | June 14, 1971  | Name of Producing Formation  | 2036 FT.   |                       | ing Depth  |  |
|  | Elevations (DF, RKB, RT, GR, etc.)                             | PICTURED CLIFFS  | 1946 FT.   | 1                     | 1966 FT.   |  |
|  | 5704 FT. R.K.B.  | FICTORED OLIFFS  | 1 1740 111   |                       | th Casing Shoe   |  |
|  | 1946 - 1974 FT. 2035 FT.                                       |  |  |                       |  |  |
|  | 1940 - 1914 11.  | TUBING, CASING, AND  | CEMENTING RECOR  |                       |  |  |
|  |  | CASING & TUBING SIZE   | DEPTH SE   |                       | SACKS CEMENT   |  |
|  | 9-7/8"   | 7-5/8"   | 149 FT.  |                       | 95 SACKS   |  |
|  | 6-3/4"   | 3-1/2" NON-UPSET   | 2035 FT.   |                       | 385 SACKS  |  |
|  | 0-3/4  | 1-1/2". 1.J.   | 1966 FT.   |                       |  |  |
|  |  |  |  |                       |  |  |
| .,   | TEST DATA AND REQUEST F  | OR ALLOWARIE. (Test must be a  | fter recovery of total volu                            | ne of load oil and m  | ust be equal to or exceed top allow-   |  |
| ν.   | OIL WELL   | able for this de   | ep:h or be for full 24 hours                           |                       |  |  |
|  | Date First New Oil Run To Tanks                                | Date of Test   | Producing Method (Flow                                 | , pump, gas lift, etc | .)   |  |
|  |  |  |  | Taka                  | ke Size (FFI)  |  |
|  | Length of Test   | Tubing Pressure  | Casing Pressure  | Che                   | " " " " I I I I I I I I I I I I I I I I  |  |
|  |  |  | Water - Bbls.  | Gas                   | -MCF   |  |
|  | Actual Prod. During Test                                       | Oil-Bbls.  | water - ppre.  |                       | 7 131  |  |
|  |  |  | <u> </u>   |                       | Jan COM.   |  |
|  |  |  |  |                       | CON. COM.  |  |
|  | GAS WELL   | Length of Test   | Bbls, Condensate/MMC                                   | Gro                   | wity of Condensate   |  |
|  | Actual Prod. Test-MCF/D  | = ·  |  |                       | The second secon |  |
|  | 778 MOF  | 3 HR. Tubing Pressure (Shut-in)  | Casing Pressure (Shut                                  | -in) Cho              | oke Size   |  |
|  | Testing Method (pitot, back pr.)                               | 401 PSI (8 DAYS)   | 415 PSI (8 DAY   |                       | 3/43   |  |
|  | BACK PRESSURE  |  |  |                       | N COMMISSION   |  |
| VI   | . CERTIFICATE OF COMPLIAN                                      | CE   | OIL (  | ****                  |  |  |
|  |  |  | APPROVED JUL 7 1971, 19                                |                       |  |  |
| 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. |  | regulations of the Oil Conservation  | 11 (1  |                       | A R. Kendrick  |  |
|  |  | e best of my knowledge and belief.   | By Criginal Signed by A. M. McMarion                   |                       |  |  |
|  |  | PETROLEUM ENGINEER DIST. NO. 3   |  |                       |  |  |
|  |  |  | TITLE  |                       |  |  |
| Original signed by   |  |  | This form is to be filed in compliance with RULE 1104. |                       |  |  |
|  | GILBERT D. NOLAND, JR.   | 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. |  |                       |  |  |
|  | GILBERT D. NOLAND, JRISignature)                               |  |  |                       |  |  |
|  | DRILLING SUPERINTENDENT  | All sections of this form must be filled out completely for allow-   |  |                       |  |  |
|  |  | itle)  | I able on new and re                                   | COMDISSED Marris.     |  |  |
|  | July 6, 1971   |  | Fill out only  | Sections I, II, III   | , and VI for changes of owner other such change of condition   |  |

(Date)

Fit1 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.