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U.S.G.S.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	1	
	GAS	$\perp L$	_
OPERATOR		$\perp$	
TOTAL ATION OFFICE		<b>!</b> '	i

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE				
TRANSPORTER GAS /	CORRECTED	COPY		
OPERATOR	]			
PRORATION OFFICE				
Operator	Dan bendd en Commune			
Address Southern Uni	on Production Company			
	8, Farmington, New Mexico	87401		
Reason(s) for filing (Check proper box	)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	· 💌		
Change in Ownership	Casinghead Gas Condens	sate		
If change of ownership give name				
and address of previous owner				
	I E ACE			
II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo		QP_	
Summit	7 Fulcher Kutz	Pictured Cliffs State, F	ederal or Fee Federal 047019 a	
Location		A # ##	***	
Unit Letter <b>K</b> : <u>15</u>	05 Feet From The <b>South</b> Line	e and <b>1850</b> Feet i	From The	
	Of Warth Banco 44	Work , NMPM,	Sen Juan County	
Line of Section 34 To	wmship 29 Korth Range 11	West , NMPM,		
IL DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s		
Name of Authorized Transporter of Oi	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. Inc.		P. 0. Box 108, Far	nington, New Mexico 87401	
Name of Authorized Transporter of Co	rsinghead Gas or Dry Gas	1507 Fidelity Union	approved copy of this form is to be sent)  Tower	
Southern Union Gathe	ring Company	Delles Texas 752 Is gas actually connected?	01; Attn: Robert McCrary	
If well produces oil or liquids,	Onit Sec.		March 14, 1975	
give location of tanks.	K 34 29N 11W	XOS		
If this production is commingled w	ith that from any other lease or pool,	give comminging order number		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi	ion – (X)	1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		011/07-5	Decirio Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
			Depth Casing Shoe	
Perforations				
	TUBING CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACRECEMENT	
HOLE 3122			Mr. ON. 3	
		,	IL CIST	
		· · · · · · · · · · · · · · · · · · ·	and oil and must be squal to or exceed top allow-	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	ad oil and must be equal to or exceed top allow-	
OIL WELL  Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	
Suite i iist iist sa			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	Chore size	
		Water-Bbls.	Gas - MCF	
Actual Prod. During Test	Oil-Bbls.	H4101 - D210.		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Flod. 1951 moly 5				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		<b></b>		
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION		
		f. ByOriginal Signed by Emery C. Miles		
	d regulations of the Oil Conservation I with and that the information given			
Commission have been complied above is true and complete to t	the best of my knowledge and belief.			
		TITLE	SUPERVISOR DIST. #3	
0.11.		This form is to be fi	led in compliance with RULE 1104.	
Original signed by Dan R. Collier		- 11	PROPORTS OF THE ANGLES STATES OF THE STATES	
	gnature)	If this is a request for allowable for a newly draited of deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Datt It's COTTLET	ice Manager	tests taken on the well in accordance with the filled out completely for allow		
	Title)	II want and recompleted Weller		
March 2	20, 1975	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		
I wall name of film		//all seme of number, of u	name of the filed for each pool in multiply	

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

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