

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	/
LAND OFFICE	/
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION 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 Southern Union Production 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 8	Pool Name, Including Formation Undesignated Chacra	Kind of Lease State, Federal or Fee Federal	Lease No. SF 047020
Location				
Unit Letter A ; 790 Feet From The North Line and 790 Feet From The East				
Line of Section 35 Township 29 North Range 11 West , NMPM, San Juan County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.	Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gathering Company	1507 Fidelity Union Tower, Dallas, Texas 75201	
Attn: Mr. Robert McCrary - Prorations		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35
	Twp. 29N	Rge. 11W
	Is gas actually connected? No	
	When	

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 10/14/75	Date Compl. Ready to Prod. 10/22/75		Total Depth 3000 ft. R.K.B.		P.B.T.D. 2967 Ft. R.K.B.			
Elevations (DF, RKB, RT, GR, etc.) 5631 ft. GR.	Name of Producing Formation Chacra		Top Oil/Gas Pay 2893 Ft.		Tubing Depth			
Perforations 2893 - 2912 Ft. = Chacra					Depth Casing Shoe 2998 ft. R.K.B.			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	7-5/8"		169 ft. R.K.B.		160			
6-3/4"	2-7/8"		2998 ft. R.K.B.		530 cu. ft.			

III. 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D 1402	Length of Test 3 hours	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) None	Casing Pressure (Shut-in) 1022
		Choke Size 3/4"

IV. 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.

Dan R. Collier
Dan R. Collier (Signature)
Office Manager
(Title)
November 3, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 4 1975, 19
Original Signed by A. E. Hendrick
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.

Separate Forms C-104 must be filed for each pool in multiple

