DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

CORRECTED COPY

I.

Operator

SOUTHERN UNION PRODUCTION COMPANY

Address

P. O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing *(Check proper box)*

New Well [X]   Change in Transporter of
Recompletion [ ]   Oil [ ]   Dry Gas [ ]
Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other *(Please explain)*

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	SF Lease No.
Nordhaus	3-A	Blanco Mesaverde	Federal	078508

Location

Unit Letter __I__ ; __1450__ Feet From The __South__ Line and __895__ Feet From The __East__

Line of Section __11__ Township __31 North__ Range __9 West__ , NMPM, __San Juan__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [XX]	Address *(Give address to which approved copy of this form is to be sent)*
Plateau	Farmington, New Mexico 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)*
Southern Union Gathering Company	1507 Pacific Ave., Fidelity Union Tower Dallas, Texas 75201, Attn: Robert McCrary

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	11	31N	9W	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 XX	New Well XX	Workover	Deeper	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded 7/6/75	Date Compl. Ready to Prod. 9/3/75	Total Depth 5515 Ft. RKB	P.B.T.D. 5476 ft. R.K.B.
Elevations *(DF, RKB, RT, GR, etc.)* 6095 GR.	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4907 Ft.	Tubing Depth 5271 Ft.
Perforations 4907 – 5470 Ft.			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	229 Ft.	225
8-3/4"	7"	3139 Ft.	415
6-1/4"	Liner 4-1/2"	Top: 2996', Bottom: 5515'	310

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 1439	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)* Back Pressure	Tubing Pressure **(shut-in)** 674	Casing Pressure **(shut-in)** 674	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.

~~Dan R. Collier~~   *(Signature)*
Original signed by
Dan R. Collier

Office Manager
(Title)

September 18, 1975
(Date)

OIL CONSERVATION COMMISSION

SEP 19 1975

APPROVED _____ 19 ___

BY Original signed by T. C. Kendrick

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...

CORRECTED COPY