

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	3
PRORATION OFFICE	

Operator: SOUTHERN UNION GATHERING

Address: P. O. Drawer 570, Farmington, New Mexico 87401

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 give name and address of previous owner: Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

**DESCRIPTION OF WELL AND LEASE**

Lease Name: Patterson "A" Com Well No.: #1 Pool Name, including Formation: Blanco Mesaverde Kind of Lease: State, Federal or Fee Lease No.: Fee

Location: Unit Letter 0; 990 Feet From The South Line and 1650 Feet From The East

Line of Section 2 Township 31 North Range 12 West, NMPM, San Juan County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate : Plateau, Inc. Address (Give address to which approved copy of this form is to be sent): P. O. Box 108, Farmington, New Mexico 87401

Name of Authorized Transporter of Casinghead Gas  or Dry Gas : Southern Union Gathering Address (Give address to which approved copy of this form is to be sent): Fidelity Union Tower, Dallas, Texas 75201

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

**V. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Spudded: \_\_\_\_\_ Date Compl. Ready to Prod.: \_\_\_\_\_ Total Depth: \_\_\_\_\_ P.B.T.D.: \_\_\_\_\_

Elevations (DF, RKB, RT, GR, etc.): \_\_\_\_\_ Name of Producing Formation: \_\_\_\_\_ Top Oil/Gas Pay: \_\_\_\_\_ Tubing Depth: \_\_\_\_\_

Perforations: \_\_\_\_\_ 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-MCF

**GAS WELL**

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

[Signature]  
(Signature)

District \_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

OIL CONSERVATION COMMISSION  
**JAN 12 1978**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by A. R. 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 permission 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 completed wells.