. NO. OF COPIES REC	1		
DISTRIBUTION			
SANTA FE			
FILE		Ī	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
	T		

DISTRIBUTION		CONSERVATION COMMISSION Form C-104		
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-			
FILE U.S.G.S.		AND		
LAND OFFICE	AUTHORIZATION TO TR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
OIL OIL				
TRANSPORTER GAS				
OPERATOR				
PROBATION OFFICE				
Operator				
Southern Union	Production ompany			
Address			,	
	a mington, Not Mexico 87			
Reason(s) for filing (Check proper t	pox)	Other (Please explain)		
New Well	Change in Transporter of:	The content of the property of		
Recompletion	Oil Dry G	= 1 10da aton methods		
Change in Ownership	Casinghead Gas Conde	ensate []		
If change of ownership give name	:			
and address of previous owner				
I DESCRIPTION OF WELL AN	D I CACE			
I. DESCRIPTION OF WELL AN Lease Name	Well No. Pool Name, Including F	Formation Eind of Lea	se Saas No.	
Angel Peak "B"	12 Vulcher Kuta F	ictaned liffs State, Feder	ol or Fee Federal 01.7017B	
Location			W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Unit Letter A ;9	90 Feet From The North Li	ne and 990 Feet From	The ast	
,	_		'	
Line of Section 25	Township 28 No th Range 1	l est , NHEM, San	J uan County	
	RTER OF OIL AND NATURAL G			
Name of Authorized Transporter of	OII or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)	
Name of Authorized Transporter of		Address Give address to which appropriately Union To er	Sallas, T. as 7501	
Southe n Union Gathe	Southern Union Gathering ompany Attention: Mr. obert			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	i	nen !	
give location of tanks.		es		
	with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Designate Type of Comple				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date spaced				
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			3711	
7. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil epth or be for full 24 hours)	l and must be equal top a prop allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	lift, etc.	
Batter Mar New Cli Hem 10 1 amag			l l	
Length of Test	Tubing Pressure	Casing Pressure	Chok. St. 4AN 2 3 1974	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas MCH. CON. COM.	
			DIST. 3	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION	
		ion APPROVED 19 19 19 19 19 19 19 19 19 19 19 19 19		
I hereby certify that the rules an	d regulations of the Oil Conservation			
Commission have been complied above is true and complete to	I with and that the information given the best of my knowledge and belief.			
	-	AL MATION	FALL SHER LIST. NO. 3	
Original signed by		TITLE		
Kenneth E. Roddy		This form is to be filed in	compliance with RULE 1104.	
Kenton at 1000)		If this is a request for allo	wable for a newly drilled or deepened	
Villient no onda	gnature)	tests taken on the well in acco	anied by a tabulation of the deviation ordance with RULE 111.	
Poduction Technician		All sections of this form must be filled out completely for allow		
(Title)		able on new and recompleted w	velis.	
	. 197	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.		
	(Date)		st be filed for each pool in multiply	
		Separate Forms C-104 mg		

