

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

OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Southern Union Production Company
Address
P. O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐
Recompletion ☐
Change in Ownership ☐ **XX Change in name of Transporter**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McGroden "A"	1	Tapacito Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	SP Lease No. 079609
Location Unit Letter A	945	Test Plot North	945	Feet From The East
Line of Section 9	Township 25 North	Range 3 West	NMPM, Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Gas Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Texas 75270 Attn: R. J. McGrary	
Name of Authorized Transporter of Gas (If different from above) Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Texas 75270 Attn: R. J. McGrary	
If well produces oil or liquids, give location of tanks.	Is well actually connected?	When

If this production is commingled with oil from another lease, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion	Drill	Re-drill	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Tubing Depth					
Perforations	Depth Casing Shoe					
HOLE SIZE						
DEPTH SET						
SACKS CEMENT						

V. TEST DATA AND REQUEST FOR ALLOWANCE
OIL WELL

Test run, of total volume of load oil and must be equal to or exceed top allow.
able for full 24 hours)
Flowing Method (Flow, pump, gas lift, etc.)

Date First New Oil Run To Tanks	Testing Pressure	Choke Size
Length of Test	Water - Bbls.	Gas - MCF
Actual Prod. During Test		

GAS WELL

Actual Prod. Test - MCF/D	Grav. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	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 above is true and complete to the best of my knowledge.

Rudy D. Motto
Area Superintendent

September 2, 1976

OIL CONSERVATION COMMISSION

APPROVED **SEP 11 1976**, 19
Original Signed by **R. J. McGrary**
TITLE **AREA SUPER #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 allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple