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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)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	DUAL COMPLETION IN OTERO GALLUP & BASIN DAKOTA
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA "L"	Well No. 2	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Contract No. #10
Location Unit Letter: G 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line of Section 10 Township 24 NORTH Range 5 WEST, NMPM, RIO ARriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PLATEAU, INC. - 90% NEW MEXICO TANKERS, INC. - 10%	Address (Give address to which approved copy of this form is to be sent) FARMINGTON, NEW MEXICO 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, FARMINGTON, NEW MEXICO 87401	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 10
	Twp. 24N	Rge. 5W
	Is gas actually connected? No	When

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	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded JULY 20, 1967	Date Compl. Ready to Prod. SEPTEMBER 8, 1967		Total Depth 7000 FT.		P.B.T.D. 6968 FT.			
Elevations (DF, RKB, RT, GR, etc.) 6641 R.K.B.	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 6820 FT.		Tubing Depth 6865 FT.			
Perforations 6890-6938 FT. R.K.B.					Depth Casing Shoe 6997 FT.			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	305 FT.	250 SACKS
7-7/8"	5-1/2"	6997 FT.	1ST STAGE CEMENTED W/550 CU.FT
CEMENT; STAGE COLLAR SET @4925 FT. CEMENTED W/360 CU.FT.; STAGE COLLAR SET @3545 FT. CEMENTED W/1175 CU.FT.			
	2-1/16" I.J.	6865 FT. R.K.B.	

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 5,735	Length of Test 3 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 2117 PSI (32 DAYS)	Casing Pressure (shut-in) PACKER	Choke Size 3/4"

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.

Original signed by
GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT

NOVEMBER 7, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 17 1967, 19
BY Original Signed By Emory C. Arnold
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 completed wells.