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**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

OIL CON. COM.
DIST. 3

I. Operator
SOUTHERN UNION PRODUCTION COMPANY
 Address
P. O. Box 808, FARMINGTON, NEW MEXICO 87401
 Reason(s) for filing (Check proper box)
 New Well 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 JICARILLA "K"	Well No. 10	Pool Name, Including Formation SO. BLANCO PICTURED CLIFFS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. CONTRACT #145
Location Unit Letter D ; 790 Feet From The NORTH Line and 1190 Feet From The WEST Line of Section 1 Township 25 N Range 5 W , NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> NEW MEXICO TANKERS, INC. - 90% PLATEAU, 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"/> SOUTHERN UNION GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) FIDELITY UNION TOWER, DALLAS, TEXAS 75201 SOUTHERN UNION GAS COMPANY; ATTN: BOB MCCRARY
If well produces oil or liquids, give location of tanks. Unit D Sec. 1 Twp. 25N Rge. 5W	Is gas actually connected? When 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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 8/22/69	Date Compl. Ready to Prod. 9/29/69	Total Depth 7705 FT. R.K.B.	P.B.T.D. 7675 FT. R.K.B.					
Elevations (DF, RKB, RT, GR, etc.) 6830 FT. R.K.B.	Name of Producing Formation PICTURED CLIFFS	Top Oil/Gas Pay 3214 FT. R.K.B.	Tubing Depth 3237 FT. R.K.B.					
Perforations 3214 FT. - 7610 FT. R.K.B.			Depth Casing Shoe 7704 FT. R.K.B.					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8"		338			250 SACKS		
7-7/8"	5-1/2"		7704 FT.			2650 CU. FT.		
	1-1/2" (IJ)		3237 FT.					
	1-1/2" (EUE)		7507					

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 2067	Length of Test 3 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 972 (14 DAYS)	Casing Pressure (shut-in) 973 (14 DAYS)	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 (Title)
OCTOBER 31, 1969 (Date)

OIL CONSERVATION COMMISSION

NOV 10 1969

APPROVED _____
BY **Original Signed by Emery C. Arnold**
SUPERVISOR DIST. #3

TITLE _____

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.