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OPERATOR			
PROBATION OFFICE			I

NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 **AND** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator SOUTHERN UNION PRODUCTION COMPANY P. O. Box 808, FARMINGTON, NEW MEXICO Other (Please explain Reason(s) for filing (Check proper box) XX Change in Transporter of: New Well Oil Dry Gas Recompletion COM COM. Condensate Casinghead Gas Change in Ownership D.31. If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease CONTRACT State, Federal or Fee FEDERAL BASIN DAKOTA JICARILLA *K 10 Location Feet From The NORTH Line and 1190 WEST 790 Range 5 W 25 N , NMPM, County Line of Section 1 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Con NEW MEXICO TANKERS, NG. - 10%

PLATEAU. NG. - 908

Name of Authorized Transporter of Casinghead Gas FARMINGTON. NEW MEXICO 87401

Address (Give address to which approved copy of this form is to be sent)

FIDELITY UNION TOWER

DALLAS, TEXAS 75201 ATTN: BOB MCCRARY

Is gas actually connected? When or Dry Gas SOUTHERN UNION GAS COMPANY Rge. Sec. Twp. If well produces oil or liquids, give location of tanks. No 25 N 5 W D 1 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Oil Well XX XX Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Total Depth 7675 FT. R.K.B. 7705 FT. R.K.B 9/29/69 8/22/69 Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 7414 FT. R.K.B 7507 FT. R.K.B. DAKOTA 6830 FT. R.K.B. Perforations 7704 FT. R.K.B. 3214 FT. - 7610 FT. R.K.B. TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 250 SACKS 338 FT. 8-5/8* 12-1/2 5-1/2* 1-1/2* 1-1/2* 3704 FT. 2650 CU.FT. 7-5/8* 3237 FT. (IJ) 7507 FT. (EUE) (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water-Bbls. Oil-Bbls. Actual Prod. During Test

GAS WELL			I Company
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4255	3 HOURS		
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)			3//1/1
BACK PRESSURE	2318 (7 DAYS)	PACKER	44

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)
(Title)
OCTOBER 31, 1969
(Date)

OIL CONSERVATION COMMISSION

NOV 1 0 1969 APPROVED_ By Original Signed by Emery C. Arnold SUPERVISOR DIST. #5 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.