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LAND OFFICE		
TRANSPORTER	OIL	/
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OPERATOR		/
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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

Operator	
SOUTHERN UNION PRODUCTION COMPANY	
Address	
P. O. Box 808, FARMINGTON, NEW MEXICO 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
JICARILLA "K"	14	OTERO CHACRA EXTENSION	State, Federal or Fee FEDERAL	CONTRACT #145
Location				
Unit Letter	0	975 Feet From The SOUTH Line and	1640 Feet From The EAST	
Line of Section	11	Township 25 NORTH	Range 5 WEST	NMPM, RIO ARriba County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
PLATEAU, INC.	FARMINGTON, NEW MEXICO 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
SOUTHERN UNION GAS COMPANY	FIDELITY UNION TOWER DALLAS, TEXAS 75201, ATTN: ROBERT MCCRARY					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	11	25 N	5W	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

III. 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-27-71	9-16-71		7550 FT. R.K.B.		7510 FT. R.K.B.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6798 FT. R.K.B.	CHACRA		3950 FT. R.K.B.		3902 FT. R.K.B.			
Perforations					Depth Casing Shoe			
3950 - 3980 FT. R.K.B.					7530 FT. R.K.B.			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	304 FT. R.K.B.	250 SACKS
7-7/8"	5-1/2"	7530 FT. - 1ST STAGE CEMENTED W/1200 CU. FT.	
STAGE COLLAR SET AT 4132 FT.		2ND STAGE CEMENTED W/1250 CU. FT. CEMENT.	
	1-1/2" I.J.	3902 FT. R.K.B.	

IV. 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 greater than 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
			OCT 27 1971
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1280	3 HOURS		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
BACK PRESSURE	871 (20 DAYS)	PACKER	3/4"

V. 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 21, 1971 (Date)

OIL CONSERVATION COMMISSION

DEC - 1 1971

APPROVED _____, 19 _____

BY Original Signed by Emery G. 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.