٢	NO. OF COPIES RECEIVED 5						
3	DISTRIBUTION	NEW MEYICO OU C	ONSERVATION COMM	ISSION	Frem C - 104		
j	SANTA FE /		FOR ALLOWABLE	.551ON	Form C-104 Supersedes Old	! C-104 and C-110	
ŀ	FILE	AND				5	
ł	u.s.g.s.	AUTHORIZATION TO TRA		IATUDAL CAS			
ļ	LAND OFFICE	AUTHORIZATION TO TRA	MOPURI OIL AND P	IATURAL GAS		-	
}	OIL /				OF OF	11 11	
1	TRANSPORTER GAS /				1 /25/t	INEN	
1					/ KLLL	IA FD /	
Ì	OPERATOR /				/ 11===	1	
1.	PRORATION OFFICE Operator				cen 1	8 1972 h	
	Southern Union Production Company				/ 150 T		
	Address				1 00	A. COM.	
	P.O. Box 808, Farmington, New Mexico 87401				OIL OO	DIST. 3	
						1.0	
	(See See See See See See See See See See						
	New Well						
Recompletion Oil Dry Gas Condensate							
	Change in Ownership	Casinghead Gas Conden	isate []				
	If the se of sweetship give name						
	If change of ownership give name and address of previous owner						
	•						
11.	DESCRIPTION OF WELL AND I	EASE		Kind of Lease		Legge No	
	Lease Name	Well No. Pool Name, Including Fo	_	1 ***	Fac. 71 1 . 3	Contract	
	Jicarilla "L"	5 Basin Dak	ota	State, Federal or l	ee Federat	# 10	
	Location						
	Unit Letter N . 940	Feet From The South Lin	ne and 1850	Feet From The _	West		
				70.0	L _		
	Line of Section 33 Tow	mship 25 North Range 5	West , NMPM	, Rio Arri	Da	County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	18			- L	
	Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approve						
	Plateau, Inc.		Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas						
	El Paso Natural Gas Company		P.O. Box 990, Farmington, New Mexico 87401				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connect	ed? When			
	give location of tanks.	! N 33 25N 510	No	<u> </u>			
	If this production is commingled wit	h that from any other lease or pool.	give commingling orde	r number:			
IV	COMPLETION DATA	ii tisat irom any omor to be a pro-					
3 V .		Oil Well Gas Well	New Well Workover	Deepen Pl	lug Back Same Re	s'v. Diff. Res'v.	
	Designate Type of Completio	n - (X)	XX			1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.	.B.T.D.		
	11-11-71	12-13-71	7172 Ft. R.		7135 Ft. R.I	(.B.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	T	ubing Depth		
	6761 Ft. R.K.B.	Dakota	7056 Ft. R.	ж.в.	7056 Ft. R.F	.B	
	Perforations		Dept		epth Casing Shoe		
				7154 Ft. R.I	(.B.		
	7056 - 7114 Ft. R.K.B. TUBING, CASING, AND CEMENTING RECORD						
		CASING & TUBING SIZE	DEPTH S		SACKS CE	MENT	
	HOLE SIZE	8-5/8"	339 Ft. R.I		250 Sacks		
	12-1/4"	5-1/2"	77 El. E+ 1			cuefte cut	
	7-7/8" 5-1/2" 7154 Ft. 1st stage cemented w/600 cu.ft. cm Stage Collar set at 5165 ft. 2nd stage cemented w/375 cu.ft. cmt. Stage Collar set at 3810 ft.						
	Stage Collar set at 5105 It. 2nd stage cemented w/375 cu. to Cut. 500 500 500 500 500 500 500 500 500 50						
	DIG Burgo comentou 1/2/40 out 1/4						
V.	TEST DATA AND REQUEST FO	after recovery of total volu-	ime of load oil and	must be equal to or	exceed top dilow		
	OIL WELL		Producing Mathod (Flor	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method it to	-, pp; 5-2/-; 0	· •		
			Casina Brazavia		hoke Size		
	Length of Test	Tubing Pressure	Casing Pressure	١			
			W-to Dil-		ids - MCF		
	Actual Prod. During Test	Oii - Bbls.	Water - Bbls.	١٩			

GAS WELL
Actual Prod. Test-MCF/D Gravity of Condensate Bbls. Condensate/MMCF Length of Test 1838 3 Hours Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

Back Pressure VI. CERTIFICATE OF COMPLIANCE

Dan R. Collier

Office Manager

February 17, 1972

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.

(Signature)

(Title)

(Date)

2157 (7 Days)

APPROVED.

Packer

OIL CONSERVATION COMMISSION

MAR 2 1972

<u>3/4"</u>

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.

