NO. OF COMIES RECEIVED		5	
PIETRIBUTION			
SANTA FE		/	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
		T	T

fice Manager

ruary 17, 1972

(Title)

(Date)

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



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.

1 011 1			\cap			
TRANSPORTER OIL /	B.K.					
			10	1'		
PRORATION OFFICE			.			
Operator						
Southern Union Produ	etion Company					
	ngton, New Mexico 87401					
Reason(s) for filing (Check proper box)		Other (Pleas	explain)			
New Well	Change in Transporter of:					
Recompletion	Oil Dry Gar	s 🔲				
Change in Ownership	Casinghead Gas Conden	sate				
Change in Owner-on-p						
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fig.	ormation	Kind of Lease		Lease No.	
Lease Name			State, Federal o	Federal	Contract #10	
Jicarilla "L"	5 Otero Gal.	Lup	1			
Unit Letter N ; 940	Feet From The South Lin	ne and 1850	Feet From Th	e <u>West</u>		
Line of Section 33 Tou	wnship 25 North Range	5 West , NMPI	M. Rio Arr	iba	County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	As Address (Give address	to subjet access	d conv of this form is	to be sent)	
Name of Authorized Transporter of Oil	or Condensate	, , ,				
Platem Inc.		Farmington, Address (Give address	lew Mexico	d copy of this form is	to be sent)	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas					
21 Paso Natural Gas Co	ompany	P.O. Box 990 Is gas actually connect	Farming to	on, New Mexico	Oldor	
If well produces oil or liquids,	Unit Sec. Twp. Hge. N 33 25N 5W	No	į.			
give location of tanks.	ith that from any other lease or pool,		er number:			
If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover		Plug Back Same Re	stv. Diff. Res	
Designate Type of Completi	, Oli moss	XX	, I	1		
	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
Date Spudded	12-13-71	7172 Ft. R.	K.B.	7135 Ft. R	•K•B•	
11-11-71	(D.) -t Franction	Top Oil/Gas Pay		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Gallup	6050 Ft. R.	K.B.	6279 Ft. R	K.B.	
6761 Ft. R.K.B.	Justup			Depth Casing Shoe		
Perforations 6050 - 6332 Ft. R.K	. B.			715h Ft. R	K.B.	
6050 = 6332 FG Ren	TUBING, CASING, AN	D CEMENTING REC	RD			
	CASING & TUBING SIZE	DEPTH	SET	SACKS CE	MENT	
HOLESIZE	8-5/8"	339 Ft.	R.K.B.	250 Sacks		
12-1/4"	In 11	77 Cl. E4 1e4	stage cem	mted w/600 cu. ft. cm		
7-7/8"	65 ft. 2nd stage cements	ed w/375 cu. ft	. cmt. Sta	e Collar set	at 3810	
Stage Collar set at 51	300 cu. ft. cmt. 2-1/16	11 Dg 6279	Ft.	Ĭ		
3rd stage cemented w/1	FOR ALLOWABLE (Test must be able for this	after recovery of total vi	olume of load oil	and must be equal to o	rexceed top all	
TEST DATA AND REQUEST	able for this	depth or be for full 24 ho	urs)			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (F	iow, pump, gas iij		Air II.	
	2 -1 5 -7 2			Choke fize	H : 1	
Length of Test	Tubing Pressure	Casing Pressure		1120	tol 7 he	
3 Hours	_			Gas-MCF CED 1	0 1070	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		TEB]	8 1972	
No Flow	No Flow			1 Mil co	N. COM.	
					T 3	
GAS WELL		Bbls. Condensate/M	MCF	Gravity of Condense	_	
Actual Prod. Test-MCF/D	Length of Test	DDIG: Colleges and				
	(5)	Casing Pressure (5)	ut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Company				
	NOE	01	L CONSERVA	ATION COMMISS	ION	
I. CERTIFICATE OF COMPLIANCE			MAR 2 1 1972 19			
		APPROVED	MAIN	W 1 1976	_, 1 9	
I hereby certify that the rules an	d regulations of the Oil Conservation is with and that the information give	n Omigins	I Signed by	y Emery C. Arn	1014	
Commission have been complete	the best of my knowledge and belie	t BA OLIBIUS		WITHDUTCHD DIC	r. #3	
above is true and complete to	- -	l l	S	SUPERVISOR DIS		
		TITLE			u g 1164	
				compliance with Rt		
		If this is a	request for allo	wable for a newly denied by a tabulation	n of the devi-	
n R. Collier (Se	ignature)	well, this form	must be accomp	rdance with RULE	111.	
Al II. COTITIEL. (2)	Il tests texes on ,	well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE 111.				

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