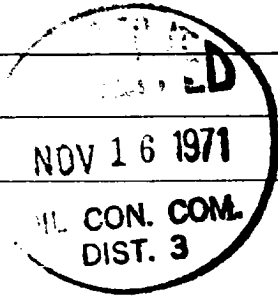


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**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator	SOUTHERN UNION PRODUCTION COMPANY		
Address	P.O. Box 808, FARMINGTON, NEW MEXICO 87401		
Reason(s) for filing (Check proper box)	Other (Please explain)		
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
JICARILLA "A"	13	TAPAGITO PICTURED CLIFFS	State, Federal or Fee FEDERAL	CONTRACT #105
Location	Unit Letter E ; 1850 Feet From The NORTH Line and 790 Feet From The WEST			
Line of Section	13	Township 26 NORTH	Range 4 WEST	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"/>	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	1500 FIDELITY TOWER DALLAS, TEXAS 75201 ATTN: ROBERT MCCARY				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	E	13	26N	4W	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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-8-71	9-30-71	8000 FT. R.K.B.	7956 FT. R.K.B.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6890 R.K.B.	PICTURED CLIFFS	3558 FT. R.K.B.	3580 FT. R.K.B.					
Perforations	Depth Casing Shoe							
3558 - 3622	7992 FT. R.K.B.							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	10-3/4"	299 FT.	250 SACKS
9-7/8"	7-5/8"	3797 - 1ST STAGE CEMENTED W/650 CU. FT. STAGE	
6-3/4"	4-1/2"	3670 - 7992 TOP & BOTTOM	1050 CU. FT.

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 - Bble.	Water - Bble.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
2317	3 Hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
BACK PRESSURE	937	936	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
B. R. Vanderlice
BILL VANDERLICE (Signature)
AREA SUPERINTENDENT (Title)
NOVEMBER 11, 1971 (Date)

OIL CONSERVATION COMMISSION
NOV 16 1971
APPROVED _____, 19____
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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.