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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		
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 Newsom	Well No. 15	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter B	990 Feet From The North Line and 1150 Feet From The East		
Line of Section 18	Township 26 North	Range 8 West	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Platoon, Inc.	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 18	Twp. 26N Rge. 8W
Is gas actually connected?		When	
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.
		X	X					
Date Spudded June 21, 1966	Date Compl. Ready to Prod. July 14, 1966	Total Depth 6635 ft.		P.B.T.D. 6600 ft.				
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 6344 ft.		Tubing Depth 6517 ft.				
Perforations 6344 - 6575 ft.				Depth Casing Shoe 6634 ft.				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		309 ft.		250 sz.			
7-7/8"	4-1/2"		6634 ft. 1st stage cemented w/450 cu. ft.					
Stage Collar at 4488 ft. Cemented w/575 cu. ft. Stage collar at 2088 ft. Cemented w/950 cu. ft.		1-1/2" B.U.E.		6517 ft.				

V. 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 exceed top 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 3013	Length of Test 3 Hr.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure 245 1999 (9 days)	Casing Pressure 931 1987 (9 days)	Choke Size 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
GILBERT D. NOLAND, JR.

Gilbert D. Noland, Jr.
Drilling Superintendent
(Signature)
(Title)

July 28, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG - 1 1966**, 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 Sections I, II, III, and VI only 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.