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ł	SANTA FE /		ONSERVATION COMMISSION	Form C-1.04 Supersedes Old C-104 and C-110
	FILE /	REQUEST	FOR ALLOWABLE	Effective 1-1-65
	U.S.G.S.	AUTHODIZATION TO TO	AND	· / Manual Land
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	AS //
	TRANSPORTER GAS /			JAN 4 0 1965
	OPERATOR			OIL CON. COM.
	PRORATION OFFICE			DIST. 3
1.	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	Change in Transporter of:	Office (1 sease explains)	
	Recompletion	Oil Dry Gas		
	Change in Ownership Casinghead Gas Condensate			
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND I	LEASE		
	Lease Name	Well No. Pool Name, Including Fo		Lease No.
	NICKSON Location	17 BASIN DAKOTA	State, rederal	or Fee FEDERAL SF078431
	Unit Letter ; 1850 Feet From The SOUTH Line and 790 Feet From The EAST			
	Line of Section 22 Tow	nship 26 NORTH Range 8	WEST , NMPM, SAN JUA	N County
111	DESIGNATION OF TRANSPORT	TED OF OIL AND NATURAL GA	s	
111.	Name of Authorized Transporter of Oil NEW MEXICO TANKERS, INC.	Condensate XX	Address (Give address to which approve	ed copy of this form is to be sent)
	NEW MEXICO LANKERS, INC	<del>- 10%</del>	EADMANCZON NEW MEYACO	877.01
	PLATEAU. INC 90% Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 💥	FARMINGTON, NEW MEXICO Address (Give address to which approve	ed copy of this form is to be sent)
	EL PASO NATURAL GAS CON		P.O. Box 990. FARMINGTON	New Meyico 87/01
		Unit Sec. Twp. Rge.	Is gas actually connected? When	
	If well produces oil or liquids, give location of tanks.	1 22 26N 8W	No	
	f this production is commingled with that from any other lease or pool, give commingling order number:			
	DMPLETION DATA			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.
	Designate Type of Completio	n – (X)	<b>XX</b>	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	11/8/67	12/16/67	8175 FT. R.K.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	6913 FT. R.K.B.	DAKOTA	6982 FT. R.K.B.	7112 FT. R.K.B.
	Perforations			Depth Casing Shoe
	6982 - 7200 7392 FT. R.K.B.			
			CEMENTING RECORD	210/2 05/15/17
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12-1/4"	8-5/8**	336	225
	7-7/8**	4-1/2**		700 CU.FT.: 2ND STAGE
1	1/950 cu.ft.; 3RD STAGE	1/1200 EU.FT. STAGE COL	ARS SET @2823 FT. & 539 7112	F. La RaRaDa
				-d be sevel to se succeed to allow
V.	TEST DATA AND REQUEST FO	JR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil a opth or be for full 24 hours)	na must be equal to or exceed top attour
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	2,960	3 HOURS		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	BACK PRESSURE	2092	2065	3/4"
		•	H	TION COMMISSION

**TO 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.

(Cate)

Original signed by GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)

DRILLING SUPERINTENDENT (Title)

JANUARY 5, 1968

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.

This form is to be filed in compliance with RULE 1104.

PETROLEUM ENGINEER DIST. NO. 3

JAN 15 1968

Original Signed by A.

APPROVED.

TITLE .

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.