NO. OF COPIES RECEIVED			5	
DISTRIBUTION				
SANYA FE		17		
FILE			_	
U.S. 5.S.		<u> </u>	L	
LAND OFFICE		1		
THANSPORTER	OIL.	2	<u> </u>	
	GAS			
OPERATOR				
PROPATION OF	[ ]			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

-	SANTAFE		OR ALLOWABLE	Effective 1-1-65		
-	FILE		AND ISPORT OIL AND NATURAL G	24:		
-	LAND OFFICE	AUTHORIZATION TO TRAIN	SPORT OF AND NATORAL C			
i	01L 2					
	THANSPORTER GAS					
1	OPERATOR /					
1.	Operation OFFICE					
	Suburban Propane	Gas Corp.				
Ì	Address		m - 70005			
İ	2120 Alamo Nation Reason(s) for filing (Check proper box)	nal Bldg.; San Antoni	Other (Please explain)			
	New We'l	Change In Transporter of:				
	Recom: *tion	Oti X Dry Gas	Effective Da	te: 3-1-/5		
	Change Ownership	Casinghead Gas Condens	ate []			
	If change or ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND I	Well No.   Pool Name, Including For	rmation Kind of Leas	e 14 Leane No.		
	Lease Name NW Cha Cha Unit 25	14 Cha Cha Gal	0 5	or Fee Federal 2172		
	Location					
	Unit Letter M	414 Feet From The S Line	and 412 Feet From	The W		
	Town	mship 29N Range	14W , NMFM,	San Juan County		
	Line of Section 25 Tow	mship 29N Range				
11.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which appro	wed copy of this form is to be sent)		
	Name of Authorized Transporter of Oil	e-90%, Plateau-10%(sp	ot sale only) Box 1	588. Farmington, NM		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	wed copy of this form is to be sent)		
			What is a second of the second	en		
	If well produces oil or liquids,	Unit Sec. Twp. Pge. 0 26 29N 14W	Is gas actually connected? When NO			
	give location of tanks.	1	rive commingling order number:			
W	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, g		Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on - (X)	New Well Workover	The same state of the same sta		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Bate Scingil Trees,				
	Elevations (DF, KEE RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
			1 1000	. Depth Casing Shoe		
	- erforations	\				
		TUBING, CASING, AND		SACKS CEMENT		
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				the desired to as exceed top allow-		
v		OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load of pth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	OH, WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
			Casing Pressure	Choke Size		
	tien.th / Test	Tubing Pressure	Cdaind bissame			
	Actus, From During Test	Oil-Bble.	Water - Bbls.	Gas-MCF		
	Actual Parks					
	GAS WELL Action From Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Act. From 1881-MUF/D					
	Testing Method (pitos, back pr.)	Tuning Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
			OU CONSERV	ATION COMMISSION 0 107		
V	I. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	FEB 2 4 19/4		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19			
	I hereby certify that the rules and Commission have been complied	with and that the information given	ay Original Signed by	Emery C. Arnold		
	about a five and complete to th	ne best of my knowledge and belief.	-	SUPERVISOR DIST. #3		
	n n h		TITLE	n compliance with MULE 1104.		
	( len bill Ilm	Jack D. Cook	This form is to be filed in compliance with RULE 1104.  If this is a request for silowable 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 to the section of the section wells.			
	fet 411. (11)	nature)				
	Agen					
	(7	Title)	sile on new and recompleted wests.  Fill out only Sections I, II, III, and VI for changes of owner, Fill out only Sections I, II, III, and VI for change of conditions			
	3-1-	<del></del>				
	(1	Date)	Separate Forms C-104 m	Separate Forms C-104 must be filed for each pool in matter-		
			El contratant a man.			