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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		GAS	
Suburban Propane Corp.			
Address			
Alamo National Bldg.; San Antonio, Texas 78205			
Reason(s) for filing (Check proper box)			
New Well		Change in Transporter of	
Recompletion		Oil	
Change in Ownership	X	Casinghead Gas	
		Dry Gas	
		Condensate	

If change of ownership give name and address of previous owner **Exxon; Box 1600; Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	State, Federal or Fee	Lease No.
NW Cha Cha Unit 25	12	Cha Cha Gallup	Federal	14-20-603
Location				
Unit Letter	E	2070 Feet From The	N	680 Feet From The
Line of Section	25	Township	29N	Range
			14W	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	X	Or Condensate		Address (Give address to which approved copy of this form is to be sent)
Four Corners Pipeline Corp.				Box 1588; Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas		Or Dry Gas		Address (Give address to which approved copy of this form is to be sent)
none				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	0	26	29	14
				Is gas actually connected?
				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	Re-completer	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Cement Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DE, RAB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Entry		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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-Bbls.	Water-Bbls.	Gas-MMCF

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Ben R. Kelley Ben Kelley
(Signature)
Production Superintendent
(Title)
3-30-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 30 1973, 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.