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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

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 type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 Seymour	Well No. 7	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078505
Location Unit Letter A ; 1170 Feet From The North Line and 970 Feet From The East Line of Section 23 Township 31N Range 9W , NMPM, San Juan 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) 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) Fidelity Union Tower Dallas, Texas 75201 Attn: Robert McGrary	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 23
	Twp. 31N	Rge. 9W
	Is gas actually connected? Yes When September, 1970	

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 11/10/53	Date Compl. Ready to Prod. 9/4/70		Total Depth 5994 ft. R.K.B.		P.B.T.D. 5890 ft. R.K.B.			
Elevations (DF, RKB, RT, GR, etc.) 6436 ft. R. K. B.	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 5111 ft. R.K.B.		Tubing Depth 5784 ft. R.K.B.			
Perforations 5111 - 5865				Depth Casing Shoe 5920 ft. R.K.B.				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	10-3/4"		460		220 sks.			
	7"		5028		300 sks.			
	4 1/2"		5920		475 sks.			
	2-3/8" EUE		5784					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 135	Length of Test 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pipeline production	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

DEC 15 1970

CON. COM.
DIST. 3

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. VANDERSLICE

B. R. Vanderslice (Signature)
Area Superintendent

December 14, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 15 1970**

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.