

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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 308, Farmington, New Mexico 87401			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	Special Clean up into the pipeline	
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 Payne	Well No. 5-A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fed. Federal	Lease No. SF 080517
Location Unit Letter <u>0</u> <u>1140</u> Feet From The <u>South</u> Line and <u>1725</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>32 North</u> Range <u>10 West</u> , NMPM, <u>San Juan</u> 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) 1st International Bldg. Suite 1800 Dallas, Texas - Attn.: Mr. R. J. McGrary					
Gas Company of New Mexico						
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27	Twp. 32N	Age. 10W	Is gas actually connected? No	When Upon pipeline connection

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
		5725 R.K.B.	5651 R.K.B.					

PERFORATIONS: 1 Shot at 5637, 5633, 5613, 5608, 5606, 5599, 5595, 5572,
5568, 5564, 5560, 5554, 5542, 5536, 5532, 5521, 5516, 5406,
5391, 5309, 5297, 5206, 5146, 5143, 5135, 5133, 5126, 5123,
5121, 5109, 5099, and 5094

8-3/4"	7"	3443	300
6-1/4"	4-1/2"	5690	310
	2-1/16" E.U.E.	5084	

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Rudy D. Motto
Rudy D. Motto (Signature)
Area Superintendent
(Title)

November 23, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 24 1976, 19

BY AR Rendrick

TITLE SECRETARY 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 allowance 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 multiple