

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 808, 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"/> Dry Gas <input type="checkbox"/>	Special Clean up into Pipeline
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <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 Pictured Cliffs Ext.	Kind of Lease State, Federal or Fee 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					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27	Twp. 32N	Rge. 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 10/18/76	Date Compl. Ready to Prod.		Total Depth 5725 R.K.B.		P.B.T.D. 5651 R.K.B.			
Elevations (DF, RKB, RT, GR, etc.) 6395 GR Level	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3223		Tubing Depth 3232			
Perforations 1 Shot at 3290, 3288, 3286, 3283, 3281, 3278, 3249, 3245, 3242, 3241, 3234, 3229, 3225, 3224 and 3223					Depth Casing Shoe 5690 R.K.B.			
HOLE SIZE								
13-3/4"		CASING & TUBING		DEPTH SET		SACKS CEMENT		
8-3/4"		10-3/4"		550		350		
6-1/4"		7"		3443		300		
		4-1/2"		5690		310		
		1-1/4"		3232				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable rate 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 (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.

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

November 23, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 24 1976, 19

BY AR Kendrick
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 allow-
ance 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