

DISTRIBUTION		5
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
PRORATION OFFICE		

NEEDLE ROCK OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO IMPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Southern Union Production Company
Address
P.O. Box 208, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter ☐
Recompletion ☐ Oil ☐
Change in Ownership ☐ Casinghead Gas ☐

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 Blanco Pictured Cliffs Ext.	Kind of Lease State, Federal or Fee Federal	Lease No. 080517
Location Unit Letter 0, 1140 Feet From The South, 1725 Feet From The East Line of Section 27 Township 32 North 10 West, 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"/> Plateau Inc.	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 Natural Gas <input checked="" type="checkbox"/> Gas Company of New Mexico Southern Union Gathering	Address (Give address to which approved copy of this form is to be sent) 1st International Bldg., Suite 1800 Dallas, Texas 75201 Attn: Mr. R. J. McGary					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27	Twp. 32N	Range 10W	Is gas actually connected? No	When Upon Pipeline Connection

If this production is commingled with that from any other lease, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well <input checked="" type="checkbox"/> X Gas Well <input type="checkbox"/> X Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>	Date Spudded 10/18/76	Date Compl. Ready to Produce 5725 R.K.B.	P.B.T.D. 5075 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.	
TUBING, CEMENTING RECORD			
HOLE SIZE 13-3/4"	CASING & TUBING 10-3/4"	DEPTH SET 550	SACKS CEMENT 350
8-3/4"	7	3443	300
6-1/4"	4-1/2"	5690	310
	1-1/4"	3232	

V. TEST DATA AND REQUEST FOR ALLOWABLE (To be filled out for recovery of total volume of load oil and must be equal to or exceed top allowable production 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 -0-	Length of Test 3 Hours	Oil - Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 117	Casing Pressure (Shut-in) 1186	Choke Size 3/4"

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 above is true and complete to the best of my knowledge.


Rudy D. Lotto (Signature)
Area Superintendent (Title)
December 22, 1976 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

Original Signed by A. R. Kendrick

TITLE _____
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