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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
SOUTHERN UNION PRODUCTION COMPANY
Address
P. O. Box 808, FARMINGTON, NEW MEXICO 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
RE-FILE AND UP DATE FOR PIPELINE CONNECTION.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **JICARILLA "L"** Well No. **1** Pool Name, Including Formation **SOUTH BLANCO PICTURED CLIFFS** Kind of Lease **FEDERAL** Lease No. **CONTRACT #10**
Location
Unit Letter **J** **1650** Feet From The **SOUTH** Line and **1650** Feet From The **EAST**
Line of Section **33** Township **25 NORTH** Range **5 WEST**, NMPM, **RIO ARRIBA** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
SOUTHERN UNION GAS COMPANY **FIDELITY UNION TOWER, DALLAS, TEXAS 75201**
ATTN: ROBERT MCCRARY
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
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 Workover Deepen Plug Back Same Res'v. Diff. Res'v.
X
Date Spudded **APRIL 10, 1955** Date Compl. Ready to Prod. **MAY 1, 1955** Total Depth **2741 Ft.** P.B.T.D. **2741 Ft.**
Elevations (DF, RKB, RT, GR, etc.) **6722 Ft. D.F.** Name of Producing Formation **PICTURED CLIFFS** Top Oil/Gas Pay **2670 Ft.** Tubing Depth **2686 Ft.**
Perforations **NONE - OPEN HOLE.** Depth Casing Shoe **2670 Ft.**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
13-3/4" **9-5/8"** **153 Ft.** **150 SACKS**
8-3/4" **7"** **2670 Ft.** **150 SACKS**

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 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
RECEIVED
JUN 12 1972
OIL CON. COM.
DIST. 3

GAS WELL
Actual Prod. Test-MCF/D **315 MCF** Length of Test **3 Hrs.** Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) **PITOT** Tubing Pressure (shut-in) **829 PSI (12 DAYS)** Casing Pressure (shut-in) **829 PSI (12 DAYS)** 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.
Original signed by
GILBERT D. NOLAND, JR.
DRILLING SUPERINTENDENT
JUNE 9, 1972
(Signature)
(Title)
(Date)
OIL CONSERVATION COMMISSION
APPROVED **JUN 12 1972**, 19____
BY **Original Signed by A. R. Kendrick**
TITLE **PETROLEUM ENGINEER DIST. NO. 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.