

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  
AUTHORITY TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator <b>Southern Union Production Company</b>	
Address <b>P. O. Box 808, Farmington, New Mexico. 87401</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change of Terms, etc. <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Outstanding Gas <input type="checkbox"/> Other <input type="checkbox"/>
Other (Please explain) <b>Change in name of Transporter</b>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>McGroden "A"</b>	Well No. Pool Name, etc. <b>2 Tapacito Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF 079609</b>
Location			
Unit Letter <b>0</b>	<b>820</b>	Feet From The <b>South</b>	<b>1525</b> Feet From The <b>East</b>
Line of Section <b>9</b>	Township <b>25 North</b>	Range <b>3 West</b>	N.M.P.M., <b>Rio Arriba</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of 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)	
<b>Gas Company of New Mexico</b>	<b>First International Bldg., Dallas, Texas 75270</b> <b>Attn: R. J. McGrary</b>	
If well produces oil or liquids, give location of tanks.	Is well actually connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion — (X)	Old Well	Gas Well	Oil Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Cement Ready	Prod.	Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Time of Production	Time of Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TABULAR RECORD OF COMPLETION								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Recovery of total volume of load oil and must be equal to or exceed top allow. (must be for full 24 hours)	
		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Flowing Pressure	Flowing Pressure	Choke Size
Actual Prod. During Test	Gas - MCF	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.,	Flowing Pressure (shut-in)	Flowing 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 above is true and complete to the best of my knowledge and belief.

**Rudy D. Motto** (Signature)  
**Area Superintendent** (Title)  
**September 2, 1976** (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed by **A. B. Kennedy**  
TITLE **Area Superintendent #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- on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple