Operator	Sou	the	rn (ij,
PRORATION OF	ICE			
OPERATOR	1			
	GAS			
TRANSPORTER	OIL			
LAND OFFICE				
U.S.G.S.				
FILE				
SANTA FE		1		
DISTRIBUTIO	NC			
U. UF CU.,E.		15		

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE	1-1		REQUES	ST FOR AL	LOWABLE			ersedes Old C-	104 and C-1
FILE U.S.G.S.	+=			AND			Effe	ective 1-1-65	
LAND OFFICE	+ AU	ITHORIZ	TATION TO T	RANSPOR	T OIL AND N	IATURAL	GAS		
	+								
TRANSPORTER GAS	+								
OPERATOR 1	 								
PRORATION OFFICE									
Operator	<u></u>								
, South	ern Union	Produc	tion Compe	uny					
Address ,						·			
P. O.	Box 808,	Farmin	gton, New	Mexico	87401				
Reason(s) for filing (Check prope	·				Orher (Please	explain)			
New Well		nge in Tran	nsporter of:			_			
Recompletion Change in Ownership	Oil		· ·	Gas	Change	in name	of Trans	porter	
Change in Ownership	Cdsi	nghead Ga	S L Con-	densate	<u> </u>				
If change of ownership give na									
and address of previous owner				***************************************					
I. DESCRIPTION OF WELL A	ND LEASE								
Lease Name		No. Pool	Name, Including	Formation		Kind of Leas	se	<u> </u>	Lease No.
Jicarilla "K"	8	Son	uth Blanco	Picture	d Cliffs	State, Feder	alor Fee Ind	7 T 1977	ntract
Location									143
Unit Letter D ;	950 Feet	t From The	North	Line and	990	Feet From	The West		
40				<u>-</u>					
Line of Section 12	Township	25 Nor	th Runge	5 West	, NMPM,	Rio	Arriba		County
DECIONATION OF TO ANOT	OBMES OF								
Name of Authorized Transporter o	ORTER OF	OIL AND or Conden	<u>i natural. 6</u>		(Ci 14				
Traine of Flamorizon Fransporter of	011	or conden	aute []	Address	Give address to	which appro	ved copy of thi	s form is to be	sent)
Name of Authorized Transporter o	f Casinghead Go	as C	or Dry Cas XX	Address	Give address to	which appro	and come of thi	o form is to be	
	Gas Company of New Mexico					ional Bl	dg. Dall	s form is to be	sent) 2 75270
If well produces oil or liquids,	Unit	Sec.	Twp. Egc.	Attes	tua.ly connected	Crary Wh	en		12010
give location of tanks.	D	12	25N 5W		•				
If this production is commingled	d with that feet			·					
· COMPLETION DATA	u with that from	m any oth	er tease of poo.	a, give comm	ningling order	number:			
Designate Type of Compl	lasta (V)	Oil Wel	ll Gas Well	New Weli	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	letion – (A)	1	1	i	!	, !			
Date Spudded	Date Com	pl. Ready	to Prod.	Total Dep	oth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, et.	c., Name of F	Producing l	Formation	Top 011/0	Gas Pay		Tubing Depth	1	
Perforations						····			
Periorations							Depth Casino	ßhoe	
		TIO IN	1 Ac 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	110 SOLUTION LESS			1		
HOLE SIZE	CAS	TUBING, CASING, AN CASING & TUBING SIZE		NU CEMENT	DEPTH SET		CACKE OFMENT		
HOLL SIZE	CAS	ING C I	78 ING 5: 55		DEPTH SE		SAC	CKS CEMENT	
						·····	 		
							 		
		***************************************		**************************************			+		
. TEST DATA AND REQUEST	r FOR ALLO	WARTE	(Test must be	offer recover	y oj total volum	of load oil	and must be see		
OIL WELL		111 11 11 11 11 11 11	able for this i	depth or be fo	r full 24 hours)	0, 1044 011	and must be equ	MI TO DE EXCE	a top allow-
Date First New Oil Run To Tanks	Date of Te	est	AND THE PROPERTY OF THE PROPER	prioducing	Method (Flow,	pump, gas li	ft, etc.)		
			and the second seco						1
Length of Test	Tubing Pro	ersure		Casing Pr	essure		Choke Size	-	200
		4	· Million Charles of a print a factor from the print of the contract of the co			·			į
Actual Prod. During Test	Oii-Bbls.			Water - 3b	ls.		Gas-MCF	•	
<u> </u>			njeri tation distribution of a state						·
GAS WELL							**************************************	i tasi	Market W.
Actual Prod. Test-MCF/D	Length of	Tes	al-decision where we are relative to the second of the sec	Phis Con	densate/MMCF] Camittu at Ca	the second secon	·
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23114111 01	. 05		EDIO, COIL	deliadia/ MMCF		Gravity of Co	ndensate	
Testing Method (pitot, back pr.)	Tubing Pre	assura/st	1126-2 m Y	Casina Pr	essure (Shut-i	n ì	Choke Size		
				343414		-,	Chore Size		1
CERTIFICATE OF COMPLI	ANCE		where the state of the constant (x,y) is the (x,y) - (y) - (y)		011 66	NICEDY A	TION COM	41001011	لــــــا
CERTIFICATE OF COMPEN	ARCE				OIL CC	NSERVA	TION COM	MISSION	
I hereby certify that the rules a	nd samulation.	of the Oi	A Company of the Company	APPRO	VED	V 1./4	. T & A.S	. 19	
Commission have been complie	d with and th	at the in	formation of two	. 11					
above is true and complete to	the best of m	ny knowle	dge and helish	ay <u>or</u>	gy Original Signed by A. R. Kendrick				
Unional Sunad By	lymui Signed By				TITLE STORAGE DIET. 85				
Rudy D. Motto					is form is to b		-		
Rudy D. Motto (Signature)					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				
Area Superintendent			teets to	tests taken on the well in accordance with RULE 111.					
	(Title)		AND RECEIVED AND ADDRESS OF THE PROPERTY OF TH	All	sections of th	is form mu	st be filled ou	t completely	for allow-
Movember 8, 1976			12	ble on new and recompleted wells. Fill out only Sections I II III and VI for changes of owner.					
			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.						
				7.9	arete Forme	=		-	