

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	2
	GAS	1
OPERATOR		1
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"/>	DUAL COMPLETION IN OTERO GALLUP & BASIN DAKOTA
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA "L"	Well No. 2	Pool Name, including Formation OTERO GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Lease No. CONTRACT #10
Location Unit Letter G , 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line of Section 10 Township 24 NORTH Range 5 WEST , NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PLATEAU, INC. - 90% NEW MEXICO TANKERS INC. - 10%	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"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, FARMINGTON, N. MEX. 87401	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 10
	Twp. 24 N	Rge. 5 W
	Is gas actually connected? 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded JULY 20, 1967	Date Compl. Ready to Prod. SEPTEMBER 8, 1967		Total Depth 7000 FT.		P.B.T.D. 6968 FT.			
Elevations (DF, RKB, RT, GR, etc.) 6641 R.K.B.	Name of Producing Formation GALLUP		Top Oil/Gas Pay 5790 FT.		Tubing Depth 6072 FT.			
Perforations 5790 - 6020 FT. R.K.B.			Depth Casing Shoe 6997 FT.					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	305 FT.	250 SACKS
7-7/8"	5-1/2"	6997 FT.	1 ST STAGE CEMENTED W/550 CU.
FT. CEMENT; STAGE COLLAR SET AT 4925 FT. CEMENT W/360 CU. FT. STAGE COLLAR SET AT 3545 FT.		6072 FT. R.K.B.	
CEMENT W/1175 CU. FT.		2-1/16" I.D.	

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 SEPTEMBER 27, 1967	Date of Test 9/27/67 - 10/5/67	Producing Method (Flow, pump, gas lift, etc.) FLOWING THRU TEST UNIT AGAINST 500# BACK PRESS	
Length of Test 8 DAYS	Tubing Pressure 510 PSI	Casing Pressure 650 PSI	Choke Size 3/4"
Actual Prod. During Test 138 BBL.	Oil-Bbls. 17 B.O.P.D.	Water-Bbls. 0	Gas-MCF 337 MCFPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

GILBERT D. NOLAND, JR. (Signature)

DRILLING SUPERINTENDENT

NOVEMBER 7, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 17 1967**
Original Signed By **Emory C. Arnold** 19
BY

TITLE **SUPERVISOR DIST. #1**

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 completed wells.