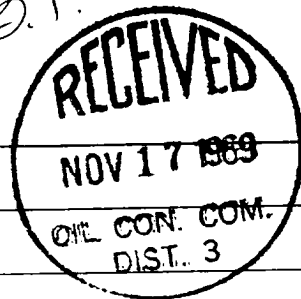


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OPERATOR		1
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA #L	Well No. 3	Pool Name, including Formation OTERO GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Lease No. CONTRACT #10
Location Unit Letter E ; 2289 Feet From The NORTH Line and 790 Feet From The WEST Line of Section 3 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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/> NEW MEXICO TANKERS, INC. - 10% PLATEAU, INC. - 90%	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 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, NEW MEXICO 87401					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 3	Twp. 24N	Rge. 5W	Is gas actually connected? No	When

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	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 5/16/69	Date Compl. Ready to Prod. 7/22/69		Total Depth 7085 FT. R.K.B.		P.B.T.D. 7048 FT. R.K.B.			
Elevations (DF, RKB, RT, GR, etc.) 6648 FT. R.K.B.	Name of Producing Formation GALLUP		Top Oil/Gas Pay 5900 FT. R.K.B.		Tubing Depth 6144 FT. R.K.B.			
Perforations 5900 FT. - 6130 FT.				Depth Casing Shoe 7084 FT. R.K.B.				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4" 7-5/8"	CASING & TUBING SIZE 8-5/8" 5-1/2"		DEPTH SET 341 FT. 7084 FT.		SACKS CEMENT 250 SKS. 1ST STAGE CEMENTED W/600 CU. FT. CEMENT; STAGE COLLARS SET @4998 FT. CEMENTED W/375 CU.FT. CEMENT. STAGE COLLARS SET @3602 FT. CEMENTED W/1200 CU.FT.CEMENT. 2-1/16"			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 11/3/69	Date of Test 11/3/69 TO 11/4/69	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 HOURS	Tubing Pressure 504	Casing Pressure 541	Choke Size 3/4"
Actual Prod. During Test 23	Oil-Bbls. 23	Water-Bbls.	Gas-MCF 144

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

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.

GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT

NOVEMBER 14, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 17 1969**

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.