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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

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"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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		Kind of Lease	Lease No.
Lease Name JICARILLA "K"	Well No. 13	State, Federal or Fee FEDERAL	CONTRACT #145
Location			
Unit Letter E	1450 Feet From The NORTH Line and 1070 Feet From The WEST		
Line of Section 11	Township 25 NORTH	Range 5 WEST	County RIO ARriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	PLATEAU, INC.	FARMINGTON, NEW MEXICO 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	SOUTHERN UNION GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) FIDELITY UNION TOWER DALLAS, TEXAS 75201 Attn: ROBERT MCCRARY	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 11	Twp. 25N 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		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded 11/10/70	Date Compl. Ready to Prod. 12-22/70	Total Depth 7475 FT. R.K.B.		P.B.T.D. 7440 FT. R.K.B.					
Elevations (DF, RKB, RT, GR, etc.) 6698 FT. R.K.B.	Name of Producing Formation PICTURED CLIFFS	Top Oil/Gas Pay 2970 FT. R.K.B.		Tubing Depth No TUBING					
Perforations 2970 - 3026 FT. R.K.B.				Depth Casing Shoe 7475 FT. R.K.B.					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	312 FT.		250 SKS.					
7-7/8"	5-1/2"	7475 FT. - 1ST STAGE CEMENTED W/600 CU.FT.CMT.		STAGE COLLAR SET @3983 FT. CEMENTED W/1100CU.FT.					
STAGE COLLAR SET @5480 FT. CEMENTED W/800CU.FT. CMT.		No TUBING							

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 1 1/2 LD
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	JAN 22 1971

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D 444	Length of Test 3 HRS.	Casing Pressure (Shut-in) 603 (22 DAYS)	Choke Size 3/4"
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) No TUBING		

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 (Title)

JANUARY 20, 1971 (Date)

OIL CONSERVATION COMMISSION
FEB 12 1971

APPROVED _____, 19____
BY **Original Signed by Emery C. Arnold**
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.

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TRANSPORTER	OIL 1 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

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 "K"	Well No. 13	Pool Name, Including Formation OTERO CHAGRA EXTENSION	Kind of Lease State, Federal or Fee FEDERAL	Contract No. #145
Location Unit Letter E 1450 Feet From The NORTH Line and 1070 Feet From The WEST Line of Section 11 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> PLATEAU, INC.	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"/> SOUTHERN UNION GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) FIDELITY UNION TOWER DALLAS, TEXAS 75201 ATTN: ROBERT MCCRARY					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 11	Twp. 25N	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 11/10/70	Date Compl. Ready to Prod. 12/22/70	Total Depth 7475 FT. R.K.B.		P.B.T.D. 7440 FT. R.K.B.				
Elevations (DF, RKB, RT, GR, etc.) 6698 FT. R.K.B.	Name of Producing Formation CHAGRA	Top Oil/Gas Pay 3858 FT. R.K.B.		Tubing Depth 3811 FT. R.K.B.				
Perforations 3858-3884 FT. R.K.B.				Depth Casing Shoe 7475 FT. R.K.B.				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	312 FT.		250 SKS.				
7-7/8"	5-1/2"	7475 FT. - 1ST STAGE CEMENTED W/600 CU.FT.CMT.						
STAGE COLLARS SET @ 5480 FT. CEMENTED W/800CU.FT. CMT.		COLLARS SET @ 3983 FT. CEMENTED W/1100CU.FT. CMT.						
	1-1/2" I.J.	3811 FT.						

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

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DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 1102	Length of Test 3 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 892 (15 DAYS)	Casing Pressure (shut-in) PACKER	Choke Size 3/4"

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 (Title)
JANUARY 20, 1971 (Date)

OIL CONSERVATION COMMISSION **FEB 12 1971**

APPROVED _____, 19____
BY **Original Signed by Emory C. Arnold**
SUPERVISOR DIST. #3

TITLE _____

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

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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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 "K"	Well No. 13	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. CONTRACT #145
Location Unit Letter E ; 1450 Feet From The NORTH Line and 1070 Feet From The WEST Line of Section 11 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> PLATEAU, INC.	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"/> SOUTHERN UNION GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) FIDELITY UNION TOWER DALLAS, TEXAS 75201 ATTN: ROBERT MCCRARY					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 11	Twp. 25N	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 11/10/70	Date Compl. Ready to Prod. 12/22/70		Total Depth 7475 FT. R.K.B.		P.B.T.D. 7440 FT. R.K.B.			
Elevations (DF, RKB, RT, GR, etc.) 6698 FT. R.K.B.	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 7184 FT. R.K.B.		Tubing Depth 7311 FT. R.K.B.			
Perforations 7184-7378 FT. R.K.B.					Depth Casing Shoe 7475 FT. R.K.B.			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		312 FT.		250 SCK.			
7-7/8"	5-1/2"		7475 FT. - 1ST STAGE		CEMENTED W/600 CU.FT.CMT.			
STAGE COLLAR SET @5480 FT. CEMENTED W/800 CU.FT.CMT.			STAGE COLLARS SET @3983 FT. CEMENTED W/1100CU.FT					
1-1/2" E.I.L.E.			7311 FT.					

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1500	3 HOURS		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
BACK PRESSURE	2212 (8 DAYS)	PACKER	3/4"

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 (Title)

JANUARY 20, 1971 (Date)

OIL CONSERVATION COMMISSION
FEB 12 1971

APPROVED _____, 19____
BY **Original Signed by Emery C. Arnold**

SUPERVISOR DIST. #8

TITLE _____

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