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	Southern Union	Production	n Compa	ny				MAN CONTRACTOR OF THE PARTY OF	
	P. O. Box 808,	Farmington	a, New	Mexico	87401			The state of the s	· · · · · · · · · · · · · · · · · · ·
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CF.	RTIFICATE OF COMPLIAN								
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he	ereb / certify that the rules and	48. g. s. f			T I I I I I I I I I I I I I I I I I I I		17 1076		
U.M.	mission have been complied .						•		

September 2, 1976

Rudy D. Motto (Signature) Area Superintendent

the see filled in compliance with RULE 1104.

SUPERVISOR DIST. #3

if this steam are it be accompanied by a tabulation of the deviation pasts range, on the well in accordance with RULE 111. Howattons of this form must be filled out completely for allow-

citi am only Sections I, II, III, and VI for changes of owner,

NO. OF COPIES RECE		5		
DISTRIBUTIO				
SANTA FE	$\Box$			
FILE		<u>_</u>		
U.S.G.S.		I		
LAND OFFICE				
TRANSPORTER	OIL		<u> </u>	
I RANSPORTER	GAS		<u> </u>	
OPERATOR				
PRORATION OF	1	1		

	SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
-	FILE / C		AND	ve					
- }	U.S.G.S.	AUTHORIZATION TO TRAF	NSPORT OIL AND NATURAL GA	45					
-	OIL /								
١	TRANSPORTER GAS /	<del></del>							
ŀ	OPERATOR /								
1.	PRORATION OFFICE								
•	Operator								
	Southern Union Pro	luction Company							
	Address  P O Roy 202 Fem	mington, New Mexico 874	01						
	Reason(s) for filing (Check proper box)	HING COIL'S NEW MENTION OLD	Other (Please explain)						
Ì	New Well Change in Transporter of:								
	Recompletion	Oil Dry Gas	Change in name of	of Transporter					
	Change in Ownership	Casinghead Gas Condens	sate						
	If change of ownership give name and address of previous owner								
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Lease	Legse No.					
	=	13 Otero Chacra E		or Fee Federal #145					
	Jicarilla WKW	15 0000 0224							
	R 1/5	O Feet From The NorthLine	e and 1070 Feet From T	he West					
	Unit Letter 2 ; 14,2								
	Line of Section 11 Township 25 North Range 5 West , NMPM, Rio Arriba County								
			_						
III.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)					
	Name of Authorized Transporter of Oil	or Condensate	Address (other against to minimum)						
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas XX	Address (Give address to which approv	ed copy of this form is to be sent)					
	1		First international bid	ig., Dallas, Texas /22/U					
	Gas Company of New	Unit Sec. Twp. P.ge.	Attn: Mr. R. J. McCra: Is gas actually connected? Whe	n					
	If well produces oil or liquids, give location of tanks.		1						
	If this production is commingled wit	h that from any other lease or pool.	give commingling order number:						
IV	If this production is commingled with COMPLETION DATA			Detail Detail Details					
1 .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.					
	Designate Type of Completio			P.B.T.D.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.					
			Top Oil/Gas Pay	Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gds Fd/						
				Depth Casing Shoe					
	Perforations								
		TUBING, CASING, AND	CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
				<b></b>					
				i the service of an element					
V	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run 16 Tanks	54.6 0. 1551							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Z-ingili or i or			Gas MCF					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Garmor					
			1	1 2 2 2 2 2					
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Glavity of Condensate					
	Actual Prod. Test-MCF/D	Length of Test							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
	, esting Method (proof) 5500 pm			No. of the same of					
ų,=	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION					
٧I	. CERTIFICATE OF COMEDIAN		APPROVED SEP 17 1976						
	I hereby certify that the rules and	regulations of the Oil Conservation		ma A D Wandrick					
		with and that the information given e best of my knowledge and belief.		y A. R. Kendrick					
	above is true and complete to th	o near or mi who wreads and partie.	• · <del></del>	r. #3					
			TITLE SUPERVISOR DIST. #3						
			This form is to be filed in	compliance with RULE 1104.					
				wable for a newly drilled or deepened anied by a tabulation of the deviation of the deviation					
	Rudy D. Motto (Sign	nature)	II	Manca attn More					
	•		Assertions of this form mi	ust be filled out completely for allow-					
	Area Superintende	(M E )	able on new and recompleted w	ells.					
	September 2, 1976		I wall name or number, or transpor	(6t) Of Office agen amende as					
	• (0	ate)	Separate Forms C-104 must	st be filed for each pool in multiply					
			completed wells.						

	- Ni  Ni	COFFICE											
			n Union l	Productio	on Company								
	uscals) for f		ox <b>808</b> , 1		m, New Mex	ico 87401				·			
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4 <b>5</b> . [1	. Description of well and links,												
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	Lane of Anthon.	latear	e In		gg to wareger of the same of t	First	Internati	hich approved cop					
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/I. CE	RTIFICATE	E OF COMP	LIANCE				2	SERVATION	COMMISSION				
Con	I hereby certify that the rules and regulations of the commission have been compiled with and the later with a processor of the cost of my had being also bind				Original Signed by A. R. Kendrick								
						· · · · · · · · · · · · · · · · · · ·	SUPERVISO	R DIST. #3	ode vara				
-	Hudy D. Motto (Signature) Area Superintendent (Title) September 2, 1976				the state is the filed in compliance with RULE 1104.  Let under the secondaries of a newly drilled or despended to the files must be accompanied by a tabulation of the deviation was a teless of this well in accordance with RULE 111.  File the secondaries of this form must be filled out completely for allowable wells.  File was only Sections I, II, III, and VI for changes of owner,								
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