

NO. OF COPIES RECEIVED		15
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
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 11-1-65

B.I.

I. 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			
Lease Name JICARILLA "N"	Well No. 1 Pool Name, including Formation OTERO GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Contract No. #418
Location			
Unit Letter K	1850 Feet From The SOUTH Line and	1850 Feet From The WEST	
Line of Section 4	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"/>	Address (Give address to which approved copy of this form is to be sent)					
PLATEAU, INC.	FARMINGTON, NEW MEXICO 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS COMPANY	P. O. Box 990, FARMINGTON, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 4	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'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded 7/26/70	Date Compl. Ready to Prod. 8/23/70	Total Depth 7015 FT. R.K.B.	P.B.T.D. 6988 FT. R.K.B.
Elevations (DF, RKB, RT, GR, etc.) 6636 FT. R.K.B.	Name of Producing Formation GALLUP	Top Oil/Gas Pay 5802 FT. R.K.B.	Tubing Depth 5982 FT. R.K.B.
Perforations 5802 - 6002 FT.	Depth Casing Shoe 7013 FT. R.K.B.		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	339	250
7-7/8"	5-1/2"	7013	1ST STAGE CEMENTED W/600 CU.FT.CMT.
STAGE COLLAR SET AT 4979 FT. R.K.B. CEMENTED W/375 CU.FT. CMT. STAGE COLLAR SET @3569 FT. R.K.B. CEMENTED W/1200 CU.FT. CMT. 2-1/16" 5982 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 9-16-70	Date of Test 9/17/70	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 HOURS	Tubing Pressure 28	Casing Pressure 260	Choke Size 3/4"
Actual Prod. During Test 17	Oil - Bbls. 15	Water - Bbls. 2	Gas - MCF 459

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		OIL CONSERVATION COMMISSION	
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.		APPROVED 001 1 1970 10-6-70, 19	
Original signed by GILBERT D. NOLAND, JR.		BY Original Signed by Emery C. Arnold	
GILBERT D. NOLAND, JR. (Signature)		TITLE SUPERVISOR DIST. #3	
DRILLING SUPERINTENDENT (Title)		This form is to be filed in compliance with RULE 1104.	
SEPTEMBER 30, 1970 (Date)		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.	