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DISTRIBUTION	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104
SANTA FE			Supersedes Old C-104 and C-110 Effective 1-1-65
FILE I	· · · · · · · · · · · · · · · · · · ·	AND	
u.s.g.s.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	AS
LAND OFFICE			20511/7
TRANSPORTER OIL			
GAS /			
OPERATOR /			276
PRORATION OFFICE			061 23
SOUTHERN UNION PRODU	CTION COMPANY		COM.
Address	on, New Mexico 87401		OIL CON 3
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
New We!I	OI. Dry Gas		
Recompletion Change in Ownership	Casinghead Gas Condense	ate	
Change in Ownership			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND L	EASF. Weil No.   Pool Name, Including For	matton Kind of Lease	Lease No.
Lease Name	4 OTERO GALLUP_	State, Federa	1 or Fee FEDERAL CONTRACT
JICARILLA "L"	4 OTERO GALLUP		#10
Location	NORTH	and 1700 Feet From	The EAST
Unit Letter G : 165	Feet From The NORTH ine	and ask them	
Line of Section 9 Town	manip 24 North Range 5 1	NEST , NMPM, RI	O ARRIBA County
Uine of Section			
II. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	and copy of this form is to be sent)
Name of Authorized Transporter of Cil	or Condensate	7.4	
PLATEAU, INC.		FARMINGTON, NEW MEXICO Address (Gire address to which appro	wed conv of this form is to be sent)
Name of Authorized Transporter of Cas.	inghead Gas 🔃 or Dry Gas 🗶		TON, NEW MEXICO 87401
EL PASO NATURAL GAS	COMPANY		en
If well produces cil or liquids,	Thit Sec. wp. Inge.		
give location of tanks.	G 9 24N 5W	No	
If this production is commingled wit	h that from any other lease or pool, g	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper.	Plug Back Same Resty. Diff. Rest
Designate Type of Completio		X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/21/70	9/22/70	6925 FT. R.K.B.	6897 FT. R.K.B.
Elevations (DF, RKB, RT, GR, etc.		Top CII/Gas Pay	Tubing Depth
6577 FT. R.K.B.	GALLUP	5692 FT. R.K.B.	5782 FT. R.K.B.
Perforations	Y. Misky VI		Depth Casing Shoe 6924 FT. R.K.B.
5692 - 5902 FT. R.K	•B•		0724 F1. Hakaba
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	250
12-1/4"	8-5/8"	+	E CEMENT W/600 CU.FT.CM
7-7/8*	5-1/2"	6921 1ST STAG	TARE COLLAR SET 93506 FT.
7-7/8" STAGE COLLARS SET@4864 F	T.H.K.B. ZND STAGE CEME	NT W 3/3 GUAFIAMIA SI	AUE GULLAN SET SOUTH
FIKB. 3RD STAGE CEMENTED			H. K H
A AND THE PROPERTY OF THE PARTY		16* TBG. SET 65782 FT.	NAAD.
V. TEST DATA AND REQUEST F	OD ALLOWADIE (Tast must be a	fter recovery of total volume of load or pith or be for full 24 hours)	HeReBe il and must be equal to or exceed top alle
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load of epth or be for full 24 hours)  Producing Method (Flow, pump, gas	HeReBe il and must be equal to or exceed top alle
V. TEST DATA AND REQUEST F OIL WELL Date First New Oil Bun To Tanks	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load or pith or be for full 24 hours)	il and must be equal to or exceed top alle
V. TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  10/11/70	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load of pith or be for full 24 hours)  Producing Method (Flow, pump, gas  FLOW  Casing Pressure	li and must be equal to or exceed top alle lift, etc.)
V. TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  10/11/70  Length of Test	OR ALLOWABLE (Test must be a able for this de Date of Test  10/12/70	fier recovery of total volume of load or epth or be for full 24 hours)  Producing Method (Flow, pump, gas  FLOW  Casing Pressure  386	li and must be equal to or exceed top allowing the lift, etc.)  Choke Size  3/4 <sup>H</sup>
V. TEST DATA AND REQUEST FOIL WELL    Date First New Oil Run To Tanks   10/11/70     Length of Test   24 HOURS	OR ALLOWABLE (Test must be a able for this de Date of Test  1012/70 Tubing Pressure 78 Cit-Bbls.	fier recovery of total volume of load or epth or be for full 24 hours)  Producing Method (Flow, pump, gas  FLOW  Casing Pressure  386	il and must be equal to or exceed top allo lift, etc.)  Choke Size  3/4"  Gas-MCF
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V. TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  10/11/70  Length of Test  24 HOURS  Actual Prod. During Test  30	OR ALLOWABLE (Test must be a able for this de Date of Test  1012/70 Tubing Pressure 78 Cit-Bbls.	fier recovery of total volume of load or epth or be for full 24 hours)  Producing Method (Flow, pump, gas  FLOW  Casing Pressure  386	il and must be equal to or exceed top allolifit, etc.)  Choke Size  3/4n  Gas-MCF  1029
V. TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  10/11/70  Length of Test  24 HOURS  Actual Prod. During Test  30  GAS WELL  Actual Prod. Test-MCF/D	OR ALLOWABLE  (Test must be a able for this de able for this de 10/12/70  Tubing Pressure  78  Cit-Bbls.  30	fier recovery of total volume of load or epth or be for full 24 hours)  Producing Method (Flow, pump, gas  FLOW  Casing Pressure  386  Water-Bbls.  -0-	il and must be equal to or exceed top allolifit, etc.)  Choke Size  3/4n  Gas-MCF  1029
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V. TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  10/11/70  Length of Test  24 HOURS  Actual Prod. During Test  30  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	OR ALLOWABLE  (Test must be a able for this de bate of Test  10/12/70  Tubing Pressure  78  Cit-Bals.  30  Length of Test  Tubing Pressure (Shut-in)	fier recovery of total volume of load or epth or be for full 24 hours)  Producing Method (Flow, pump, gas)  FLOW  Casing Pressure  386  Water-Bbls.  —0—  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)	Choke Size  3/4#  Gas-MCF  1029  Gravity of Condensate  Choke Size
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GILBERT D. NOLAND, JR. GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT OCTOBER 15, 1970

Orlginal signed by

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.