NO DE CENTES RECEIVED		5	
אידע פוחדט.כ	N		
SANTA FE		7	
FILE		1	C -
υ.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	/	<u></u>
	GAS	′	
OPERATOR		,	
PRORATION OFFICE			

DOTRIBUTION CANTA FE FILE 1 C		CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR /	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	GAS
PRORATION OFFICE Operator			
Southern Union Pro	DDUCTION COMPANY		OF IL
P 0. Box 803. FA	RMINGTON, NEW MEXICO 87	4.0 1	of the l
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Recompletion	Change in Transporter of: Oil Dry Go	ıs 🔲	BEC 13 Bill
Change in Ownership	Casinghead Gas Conde	nsate	TOP CON COM.
If change of ownership give name			737.3
and address of previous owner			
II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F		10-1
JICARILLA WKII	16 OTERO CHACE	A EXTENSION State, Federa	FEDERAL CONTRACT
	Feet From The NORTH Lir	ne and 790 Feet From 1	The WEST
40		5 West , NMPM, RIO AR	RIBA County
Line of Section 12 To	wnship 25 NORTH Range) WEST , NMPM, 110 MM	NIBA County
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ot	TER OF OIL AND NATURAL GA	Address (Give address to which appro-	ved copy of this form is to be sent)
PLATEAU, INC.		FARMINGTON, NEW MEXIC	o 8740 1
Name of Authorized Transporter of Ca	_	FARMINGTON, NEW MEXIC Address (Give address to which approx BIDELITY UNION TOWER ALLAS, TEXAS 75201; AT Is gas actually connected?	ved copy of this form is to be sent)
SOUTHERN UNION GA	Unit Sec. Twp. Rge.	Is gas actually connected? Who	TN: MOBERT MCURARY
If well produces oil or liquids, give location of tanks.	D 12 25N 5N	No	
	ith 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 Completi	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded 10-4-71	1119-71	7805 FT.	7786 51.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
(999 FT. R.K.B.	OTERO CHACRA EXT.	4002 FT.	NO TUBING Depth Casing Shoe
4202 - 4230 FT.			7804 FT.
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	340 FT.	250 SACKS CEMENT
7-1/8"	4-1/2"	7804 FT. 1ST STAGE CEME	WTED W/1300 CU. FT. CMT.
	No TUDING	1	
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this d	after 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 li	ft, etc.)
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			
Actual Prod. During Test	Oil-Bhin.	Water-Bbls.	Gas-MCF
1			
GAS WELL	1 1 2	Bbis. Condenscrte/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		,
Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESSURE	lo rubing	797 (10 DAYS)	3/4" ATION COMMISSION
VI. CERTIFICATE OF COMPLIAN	ICE	DEC 27 1971 , 19	
Commission have been complied	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.		
Original signed by		18	compliance with RULE 1104.
Dan R. Coilier		If this is a request for allowable for a newly drilled or deepens 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 for allowable for the sections of the form must be filled out completely for allowable for the form must be filled out completely for allowable for the filled out completely for allowable for the filled out completely for allowable for the filled out completely for allowable for a newly drilled or deepens well, this form must be filled out completely for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests.	
DAM IN COLLECT	Manager		
	MANAGER itle)	able on new and recompleted w	elis.
December 1	0, 1971	Fill out only Sections I, I well name or number, or transpor	 III, and VI for changes of owner, iter, or other such change of condition.
{ L	/	II.	