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OR	1
ON 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

Southern Union Production Company

P. O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing *(Check proper box)*

New Well		Change in Transporter of:	
Recompletion		Oil	
Change in Ownership		Casinghead Gas	Condensate

Other *(Please explain)*: **XX Change in Name of Transporter**

If change of ownership, give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla "L"	**5**	**Otero Gallup**	State, Federal or Fee **Federal**	**Contract #10**

Location

Unit Letter **N** ; **940** Feet From The **South** Line and **1850** Feet From The **West**

Line of Section **33** Township **25 North** Range **5 West** NMPM, **Rio Arriba** County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ — Address (Give address to which approved copy of this form is to be sent)

Plateau Inc.

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas **XX** — Address (Give address to which approved copy of this form is to be sent)

Gas Company of New Mexico — **First International Bldg., Dallas, Texas 75270 Attn: R. J. McCrary**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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
Testing Method *(pitot, back pr.)*	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Rudy D. Motto *(Signature)*
Area Superintendent *(Title)*
September 2, 1976 *(Date)*

OIL CONSERVATION COMMISSION
SEP 17 1976, 19
Original Signed by A. R. Kendrick
SUPERVISOR DIST. #3

SEP 17 1976 OIL CON. COM. DIST. 3

This form is to be filed in compliance with RULE 1104.

If 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.