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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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 1-1-65

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 type="checkbox"/>	Change in Transporter of:	Re-Praced Dakota Perforations.	
Recompletion	<input checked="" type="checkbox"/>	Oil		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla "K"	17	Basin Dakota	State, Federal or Fee Federal	Contract # 145
Location				
Unit Letter	K	1450 Feet From The	South Line and	2140 Feet From The
				West
Line of Section	12	Township	25 North	Range
			5 West	, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input checked="" 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)	
Southern Union Gas Company				Fidelity Union Tower Dallas, Texas 75201 Attn: Robert McGrary	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	K	12	25N	5W	No

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.
		XX	1	XX			XX	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10-23-71	12-8-72		7770 Ft.		7733 Ft.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6967 Ft. P.K.B.	Dakota		7464 Ft.					
Perforations					Depth Casing Shoe			
7464 - 7670 Ft.					7769 Ft.			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		294 Ft.		250 Sacks			
7-1/8"	4-1/2"		7769 ft. Cemented 1st stage w/1300 cu. ft. cmt.					
Stage Collar set at 4392 ft. 2nd stage cemented w/1500 cu. ft. cmt.								
2-3/8", E.U.E.								

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	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
585	3 Hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	2207 (19 Days)	Packer	3/4"

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.

Original signed by
Dan R. Collier

Dan R. Collier (Signature)
Office Manager

January 16, 1973

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 1 1973

BY Original Signed by Emory C. Arnold

TITLE SUPERVISOR DIST. #3

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.