DISTRIBUTION

NEW MEXICO OIL CONSERVATION COMMISSION

110

	SANTA FE		T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1	
	U.S.G.S.		AND	Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TR	RANSPORT OIL AND NATURA	L GAS	
	TRANSPORTER GAS				
	OPERATOR 2				
1.	PRORATION OFFICE Operator				
	Southern Union Production Company Address				
	P. C. Box 808, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:	(T)	.0.5	
	Recompletion Change in Ownership	Oil Dry C	Gas W Change in name	e of Transporter	
	If change of ownership give name and address of previous owner		lensate []		
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including	Formation Kind of L	erse	
	Jicarilla "J"	3 South Blanco I		deral or Fee Indian Contract	
		Teet From The North L	ine andFeet Fro	#153	
		ownship 26 North Range		Arriba County	
III.	DESIGNATION OF TRANSPOI	RTER OF OIL AND NATURAL G		proved copy of this form is to be sent)	
	Name of Authorized Transporter of C Gas Company of New	-	Address (Give address to which ap First International B	proved copy of this form is to be sent) ldg., Dallas, Texas 75270	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected ary		
IV.	If this production is commingled w	with that from any other lease or pool	, give commingling order number:		
	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	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	
ĺ	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
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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 allow able 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	Otl-Bbls.	Water-Bbls.	Gas - MCF	
	GAG WIDT T				
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. (CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION 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, 19, 19, 19		
(
(Original Signed By		TITLE COMMENCE OF STATEMENT OF		
_	Rudy D. Motto		This form is to be filed in compliance with RULE 1104.		
	Irea Superintendent	ature)	well, this form must be accomp tests taken on the well in acc	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.	
-		tle)	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 filled for each pool in multiply		
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