

DISTRIBUTION	
SANTA FE	/
FILE	/
J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	/
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORITY TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I.

Operator <b>Southern Union Production Company</b>	
Address <b>P. O. Box 808, Farmington, New Mexico 87401</b>	
Reason(s) for filing (Check proper box.)	
New Well <input type="checkbox"/>	Change in Transporter <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
Other (Please explain) <b>Change in name of Transporter</b>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jicarilla "E"</b>	Well No. Pool Name, etc. <b>4 Tapacito Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>Contract #104</b>
Location			
Unit Letter <b>A</b>	<b>890</b>	Feet From The <b>North</b>	<b>990</b>
Line of Section <b>22</b>		Township <b>26 North</b>	Range <b>4 West</b>
		NMPM, <b>Rio Arriba</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
<b>Gas Company of New Mexico</b>	<b>First International Bldg., Dallas, Texas 75270</b> <b>Attn: E. J. McGary</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.

If this production is commingled with that from any other lease, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Final Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						
TUBING CEMENTING RECORD							
HOLE SIZE	CASING & TUBING IN	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test run must be for recovery of total volume of load oil and must be equal to or exceed top allowable 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
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 above is true and complete to the best of my knowledge.

OIL CONSERVATION COMMISSION

APPROVED	19
Original Signed By <b>A. D. Hendrick</b>	
TITLE <b>Area Superintendent</b>	

**Rudy D. Motto** (Signature)

**Area Superintendent** (Title)

**September 2, 1976** (Date)

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 allowables 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 multiple