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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	U.S.G.S. LAND OFFICE TRANSPORTER OIL	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATU	IRAL GAS		
1.	GAS OPERATOR PRORATION OFFICE					
	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:				
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conder.		Name of Transporter		
	If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE Lease Name					No.	
	Jicarilla "J"	7 Basin Dako		, Federal or Fee Federal contre		
	Location Unit Letter E ; 165	Teet From The North Line	e and 990 Fe	et From The West		
	Line of Section 36 Tow	nship 26 North Range	5 West , NMPM,	Rio Arriba co	unty	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to whi	ch approved copy of this form is to be sent,	,	
	Plateau &	ne				
	Name of Authorized Transporter of Cas		First Internation	ch approved copy of this form is to be sent, al Bldg., Dallas, Texas 7	5270	
	Gas Company of New If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
•••	If this production is commingled wit	h that from any other lease or pool,	give commingling order num	ber:		
1V.	Designate Type of Completion	Cil Well Gas Well	New Well Workover De	epen Plug Back Same Restv. Diff.	Res'v.	
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	TIRING CASING AN		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			<u> </u>			
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)					
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Chok		
	Actual Prod. During Test	O11-Bb1s.	Water - Bbis.	GA-141	ackslash	
			1	SEP 17 1976 SEP 17 1976 OIL CON. COM.	T	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravey of Control of	<u> </u>	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI	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.		OIL CON	SERVATION COMMISSION		
			APPROVED SEP 1 7 1976 , 19, 19, 19, 19			
			BY			
			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 de	epened viation	
Rudy D. Motto (Signature) Area Superintendent (Title)		ature) n t .	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.			
	September 2, 19	76 nie)	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 multiply			
			completed wells.			

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