

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	2
	GAS	1
OPERATOR		1
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 <b>Southern Union Production Company</b>	
Address <b>P. O. Box 808, Farmington, New Mexico 87401</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name <b>Jicarilla "G"</b>	Well No. <b>4</b>	Contract <b>#150</b>
Pool Name, Including Formation <b>Basin Dakota</b>		Kind of Lease State, Federal or Fee <b>Federal</b>
Location		
Unit Letter <b>N</b>	<b>920</b> Feet From The <b>South</b> Line and <b>1515</b> Feet From The <b>West</b>	
Line of Section <b>11</b>	Township <b>26 North</b>	Range <b>5 West</b> , NMPM, <b>Rio Arriba</b> County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		<b>Farmington, New Mexico 87401</b>	
<b>New Mexico Tankers - 10%</b>			
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>Platem, Inc. - 90%</b>		<b>Fidelity Union Tower, Dallas, Texas 75201</b>	
<b>Southern Union Gas Company</b>		Attn: <b>Mr. Bob McCrary</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>11</b>	Twp. <b>26N</b>
		Rge. <b>5W</b>	Is gas actually connected? <b>NO</b>

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			<b>XX</b>	<b>XX</b>					
Date Spudded <b>6/24/68</b>	Date Compl. Ready to Prod. <b>7/25/68</b>	Total Depth <b>8315 ft. R.K.B.</b>		P.B.T.D. <b>8260 ft. R.K.B.</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>7222 ft. R.K.B.</b>	Name of Producing Formation <b>Dakota</b>	Top Oil/Gas Pay <b>8050</b>		Tubing Depth <b>8100 ft. R.K.B.</b>					
Perforations <b>8050-8220</b>				Depth Casing Shoe <b>8300</b>					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>13-3/4"</b>	<b>10-3/4"</b>	<b>520</b>	<b>350 sacks</b>
<b>9-7/8"</b>	<b>7-5/8"</b>	<b>4100</b>	<b>400 cu. ft.</b>
<b>6-3/4"</b>	<b>5-1/2" (liner)</b>	<b>3915-8300</b>	<b>600 cu. ft.</b>
	<b>1-1/2" E.U.E.</b>		

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		Gravity of Condensate	
Actual Prod. Test-MCF/D <b>2,131</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure (shut-in) <b>2462</b>	Casing Pressure (shut-in) <b>Packer</b>	Choke Size <b>3/4"</b>

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 <b>SEP 30 1968</b> Original Signed by <b>Emery C. Arnold</b>	
ORIGINAL SIGNED BY <b>B. R. VANDERSLICE</b>		BY _____ SUPERVISOR DIST. #75	
<b>B. R. Vanderslice</b> (Signature) <b>Area Superintendent</b> (Title) <b>September 6, 1968</b> (Date)		TITLE _____	
		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. Separate Forms C-104 must be filed for each pool in multiply completed wells.	