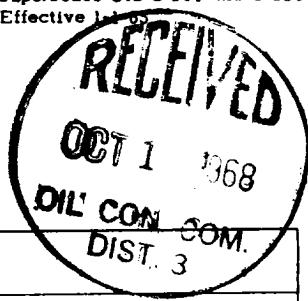


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| LAND OFFICE            |   |
| TRANSPORTER            | OIL <input checked="" type="checkbox"/> |
|                        | GAS <input type="checkbox"/>            |
| OPERATOR               |   |
| PRORATION OFFICE       |   |

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 1-1-68



1. Operator  
Southern Union Production Company  
Address  
P. O. Box 808, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate

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

II. DESCRIPTION OF WELL AND LEASE

|                             |                   |  |  |                      |
|-----------------------------|-------------------|--|--|----------------------|
| Lease Name<br>Jicarilla "A" | Well No. 11       | Pool Name, Including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Fee Federal | Contract No.<br>#105 |
| Location<br>Unit Letter J   | 1550              | Feet From The South Line and 1650              | Feet From The East                             |                      |
| Line of Section 14          | Township 26 North | Range 4 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"/><br>New Mexico Tankers, Inc. - 10%<br>Plateau, Inc. - 90% | Address (Give address to which approved copy of this form is to be sent)<br>Farmington, New Mexico 87401                                       |                                       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Southern Union Gas Company                    | Address (Give address to which approved copy of this form is to be sent)<br>Fidelity Union Tower, Dallas, Texas 75201<br>Attn: Mr. Bob McCrary |                                       |
| If well produces oil or liquids,<br>give location of tanks.   | Unit Sec. Twp. Rge.<br>J 14 26N 4W   | Is gas actually connected? When<br>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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/>  | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/>   | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |  |
| Date Spudded<br>7/20/68                               | Date Compl. Ready to Prod.<br>9/6/68         | Total Depth<br>8241 ft. R.K.B.     |                                   |                                   | P.B.T.D.<br>8196 ft. R.K.B.     |                                      |                                      |                                       |  |
| Elevations (DF, RKB, RT, GR, etc.)<br>7147 ft. R.K.B. | Name of Producing Formation<br>Dakota        | Top Oil/Gas Pay<br>7982 ft. R.K.B. |                                   |                                   | Tubing Depth<br>8107 ft. R.K.B. |                                      |                                      |                                       |  |
| Perforations<br>7982-8176                             |  |                                    |                                   |                                   |                                 | Depth Casing Shoe<br>8232 ft. R.K.B. |                                      |                                       |  |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET              | SACKS CEMENT |
|-----------|----------------------|------------------------|--------------|
| 13-3/4"   | 10-3/4"              | 385                    | 225 sacks    |
| 9-7/8"    | 7-5/8"               | 4054                   | 400 cu. ft.  |
| 6-3/4"    | 5-1/2"               | 3897-8232 Top & Bottom | 675 cu. ft.  |
|           | 1-1/2"               |                        |              |

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 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<br>3,213                  | Length of Test<br>3 hours         | Bbls. Condensate/MMCF               | Gravity of Condensate |
| Testing Method (pilot, back pr.)<br>Back Pressure | Tubing Pressure (shut-in)<br>2172 | Casing Pressure (shut-in)<br>Packer | Choke Size<br>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  
B. R. VANDERSLICE

B. R. Vanderslice (Signature)  
Area Superintendent  
(Title)

OIL CONSERVATION COMMISSION

OCT 28 1968

APPROVED \_\_\_\_\_  
BY Original Signed by Emery 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.