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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
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 1-1-65

I.

Operator SOUTHERN UNION PRODUCTION COMPANY	
Address P.O. Box 808, FARMINGTON, NEW MEXICO 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA "A"	Well No. 12	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee FEDERAL	Lease No. CONTRACT #105
Location				
Unit Letter D	850	Feet From The NORTH Line and 850	Feet From The WEST	
Line of Section 24	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"/>	Address (Give address to which approved copy of this form is to be sent) FARMINGTON, NEW MEXICO 87401	
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) FIDELITY UNION TOWER	
SOUTHERN UNION GAS COMPANY	DALLAS, TEXAS 75201 Attn: ROBERT MCGRARY	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 24
	Twp. 26N	Rge. 4W
	Is gas actually connected? No When	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 9-21-71	Date Compl. Ready to Prod. 10-1-71	Total Depth 8350 FT. R.K.B.	P.B.T.D. 8319 FT. R.K.B.					
Elevations (DF, RKB, RT, GR, etc.) 7243 FT. R.K.B.	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 8094 FT. R.K.B.	Tubing Depth 8144 FT. R.K.B.					
Perforations 8094 - 8274 FT. R.K.B.			Depth Casing Shoe 8339 FT. R.K.B.					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	10-3/4"	373 FT.	300 SACKS					
9-7/8"	7-5/8"	4080 - 1ST STAGE CEMENTED W/600 CU. FT. CMT.						
6-3/4"	5-1/2"	3953 FT. TOP - 8339 FT. BOTTOM	600 CU. FT. CMT.					
	1-1/2" E.U.E.	8144 FT.						

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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1534	3 Hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
BACK PRESSURE	2100	PACKER	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
GILBERT D. NOLAND, JR.

GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT (Title)

NOVEMBER 9, 1971 (Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 6 1971**, 19

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.