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U.S.G.5.				
LAND OFFICE				
IRANSPORTER	OIL	1/_		
	GAS	1		
OPERATOR		1		
PRORATION OFFICE		Γ		

}	SANTA FE /		ONSERVATION COMMISSION	Form C-104		
-	FILE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
H	U.S.G.S.	-	AND	A.C.		
}	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	6A3		
ŀ	OIL /					
	TRANSPORTER GAS /	\dashv				
ŀ	OPERATOR /					
_ }	PRORATION OFFICE	 				
1.	Operator					
	Southern Union	Production Company				
ł	Address					
	P.O. Box 808, R	Farmington, New Mexico 8740	01			
ŀ	Reason(s) for filing (Check proper b	Other (Please explain)				
l	New Well	Change in Transporter of:				
İ	Recompletion	Oil Dry Gas	s 🔲			
	Change in Ownership	Casinghead Gas Conden	isate 🔲	İ		
•						
	If change of ownership give name and address of previous owner _	2				
	and address of previous owner.					
11.	DESCRIPTION OF WELL AN	D LEASE				
	Lease Name	Well No. Pool Name, Including Fo		Contract		
	Jicarilla "D"	15 Tapacito Pict	tured Cliffs State, Federa	Federal #100		
	Location					
	Unit Letter C ;	790 Feet From The North Line	e and 1850 Feet From	The West		
	 ·		_			
	Line of Section 30	Township 26 North Range 3	West , NMPM, Rio A	rriba County		
			_			
III.	DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)		
	Name of Authorized Transporter of	Oil or Condensate X				
	Plateau, Inc.		Farmington, New Mexico	ved copy of this form is to be sent)		
	Name of Authorized Transporter of	_	Address (Give address to which appro 1500 Fidelity Union To	ower Behant McCram		
	Southern Union Gas		Dallas. Texas / JZUL	Attn: Robert McCrary		
	If well produces oil or liquids,		No			
	give location of tanks.		<u></u>			
		with that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Comple	etion $-(X)$	xx			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	9-11-74	11-20-74	3995 Ft.	3941 Ft.		
	Elevations (DF, RKB, RT, GR, etc		Top Oil/Gas Pay	Tubing Depth		
	7204 Ft. Ground Lev		3864 Ft.	36 65 Ft .		
	Perforations			Depth Casing Shoe		
	3864 - 3894 Ft.			3998 Ft.		
		TUBING, CASING, AND	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
1	12-1/4**	8-5/8"	192 Ft.	130 Sacks		
	7-7/811	4-1/2"		lor set at 2615 ft. 1st		
:		Stage cemented w/250 sa	acks 2nd stage cemented	w/320 sacks		
!		1-1/2" E.U.E.	3665 Ft.			
v.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	land must be equal to or exceed top allow-		
	OIL WELL		epth or be for full 24 hours) Producing Method (Flow pump, gas t	ift. etc.)		
	Date First New Oil Run To Tanks	Date of Test	Producing Memor (1.			
		The base of the same of the sa	Casing Pressure	Choke Size		
i	Length of Test	Tubing Pressure				
		Oil-Bhis.	Water-Bbls.	Gas - MCF		
	Actual Prod. During Test	OII-BBIB.				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMSF	Gravity of Condensate		
	952	3 Hours	The same of the sa			
i	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure	549	550	3/4"		
				ATION COMMISSION 10 1974		
VI.	CERTIFICATE OF COMPLI	ANCE				
	and the contraction of the Cit Connection		APPROVED			
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				
		TON 45				
		TITLESUPERVISOR DIST. #3				
			11	compliance with RULE 1104.		
	Original staned by		To all the annual of the sale	wable for a newly drilled or deepened		
			If well this form must be accomp	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		
	The Mottree	Signature)	tests taken on the well in acc	Ordance with RULE !!!.		
	Office Manager		All sections of this form m	cust be filled out completely for allow- wells.		
	(Title) able on new and recompleted wells. Procember 9, 197/: Fill out only Sections I, II, III, and VI for changes of own					
	December 9, 1974	(Date)	well name or number, or transpo	ster or other such change of conditions		
(Date)				be died for each pool in multiply		

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