NO. OF COPIES RECEIVED		li.	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER -	OIL	1	
	GAS	•	
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION SANTA FE /		CONSERVATION COMMIS FOR ALLOWABLE AND	•	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE TRANSPORTER OIL 72 GAS OPERATOR	AUTHORIZATION TO TRA	ANSPORT OIL AND NA	ATURAL GAS			
1.	PRORATION OFFICE						
	SOUTHERN UNION PRODUC	TION COMPANY					
	Address D O Day 202 Eastern	aren New Mensos 97/04		1			
	Reason(s) for filing (Check proper box	GTON, NEW MEXICO 87401	Other (Please e	explain)	· · · · · · · · · · · · · · · · · · ·		
	New We!l	Change in Transporter of:					
	Recompletion	Oil Dry Go	=				
	Change in Ownership	Casinghead Gas Conde	nsate				
	If change of ownership give name and address of previous owner						
	•						
II.	DESCRIPTION OF WELL AND Lease Name	SCRIPTION OF WELL AND LEASE ase Name Well No. Pool Name, Including Formation Kind of I		Kind of Lease		Lease No.	
	NEASON 4 Va	4 BASIN DAKOTA		State, Federal or	Fee FEDERAL	SF078430	
	Location	(# Causa	4440		Mi		
	Unit Letter L ; 150	Feet From The SOUTH Lin	ne and 1140	Feet From The	REST		
	Line of Section 10 To	ownship 26 N Range 8	, NMPM,	SAN JUAN		County	
***	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	48				
111.	Name of Authorized Transporter of Of NEW MEXICO LANKERS -	or Condensate	Address (Give address to	which approved	copy of this form is t	o be sent)	
	PLATEAU - 90%	104	FARMINGTON, NE	MEXICO	87401	o be sent)	
	Name of Authorized Transporter of Co		or Dry Gas Address (Give address to which approved copy P. O. Box 990, FARMINGTON,			_ [
	EL PASO NATURAL GAS (If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected		,		
	give location of tanks.	L 10 26 N 8 W	No				
		rith that from any other lease or pool,	give commingling order	number:	· · · · · · · · · · · · · · · · · · ·		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen P	lug Back Same Res	v. Diff. Resiv.	
	Designate Type of Complet		XX	1	B.T.D.		
	Date Spudded 8/2/67	Date Compl. Ready to Prod. 8/26/67	Total Depth 7383	-	7349		
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	T	ubing Depth		
	6937 R.K.B.	DAKOTA	7115		7244		
Perforations Depth Casing Shoe							
٠		TUBING, CASING, AN	D CEMENTING RECORD)			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CE		
	8-5/8* 4-1/2*	24.0	370 7382		50 SACKS REG.		
	WITH 680 CU. FT SE	COND STAGE WITH 870 CU. F					
	SET AT 2930 FT. AND	5406 ft. R.K.B.					
V.		FOR ALLOWABLE (Test must be able for this d	after recovery of total volum lepth or be for full 24 hours)	se of load oil and	must be equal to or	exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,				
			Casing Pressure				
	Length of Test	Tubing Pressure	Cdaing Pressure		TEULIV L	u \	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF 1 7 196	7	
					OIL CON. C	ом. /	
	CAC WELT			,	DIST. 3		
	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
	4,878	3 HOURS	Casing Pressure (Shut-	40)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 2002	1983		3/4M		
VI	BACK PRESSURE 2002 VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION		ON COMMISSION		
* 1			OCT 19 1967				
	I hereby certify that the rules and	APPROVED					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			SUPERVISOR DIST. #8				
		TITLES	TITLE SUPERVISOR DIST. #0				
Original signed by GILBERT D. NOLAND, JR.			This form is to	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			
			this form must				
	GILBERT D. NOLAND, JASE	All sections of this form must be filled out completely for allowable on new and recompleted wells.					
	DRILLING SUPERINTENDEN						
	OCTOBER 16, 1967	Eith aut only 6	Continue T TT	III and VI for che	inges of owner,		
	(well name or number	well name or number, or transporter, or other such change of condition.				

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.