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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I.

Operator SOUTHERN UNION PRODUCTION COMPANY	
Address P. O. Box 959, 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"/> 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name NICKSON	Well No. 15	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SF 078431
Location				
Unit Letter J	1450	Feet From The SOUTH	Line and 1760	Feet From The EAST
Line of Section 23	Township 26 NORTH	Range 8 WEST	, NMPM, SAN JUAN 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"/> PLATEAU, INC. - 90% NEW MEXICO TANKERS, INC. - 10%	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"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, FARMINGTON, NEW MEXICO 87401	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 23
	Twp. 26N	Rge. 8W
	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.
		XX	XX					
Date Spudded 10/27/67	Date Compl. Ready to Prod. 12/20/67		Total Depth 6724 FT. R.K.B.		P.B.T.D. 6705 FT. R.K.B.			
Elevations (DF, RKB, RT, GR, etc.) 6384 FT. R.K.B.	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 6484 FT. R.K.B.		Tubing Depth 6625 FT. R.K.B.			
Perforations 6484 - 6680					Depth Casing Shoe 6723 FT. R.K.B.			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		333		225			
7-1/8"	4-1/2"		6723		1ST STAGE W/700 CU.FT., 2ND STAGE			
W/950 CU.FT., 3RD STAGE W/1100 CU.FT. STAGE COLLARS SET AT 2395 FT. AND 4876 FT. R.K.B.			1-1/2" E.U.E.		6625			

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 2,183	Length of Test 3 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 2170	Casing Pressure (shut-in) 2149	Choke Size 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.

(Signature)

GILBERT D. NOLAND, JR.
DRILLING SUPERINTENDENT

(Title)

(Date)

JANUARY 11, 1968

OIL CONSERVATION COMMISSION

APPROVED **JAN 15 1968**, 19

BY **Original Signed by A. R. Kendrick**

TITLE **PETROLEUM ENGINEER DIST. NO. 5**

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.