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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.

SOUTHERN UNION PRODUCTION COMPANY	
P. O. Box 808, FARMINGTON, NEW MEXICO 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
Change in ownership <input checked="" type="checkbox"/>	Change in Transporter of:
Change in location <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in transporter <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	Well No.	Pool Name, Including Formation	Kind of Lease
NAVAJO "C"	2	BASIN DAKOTA	State, Federal or Fee FEDERAL
Location			
Unit Letter	1650	Feet From The	SOUTH Line and 990 Feet From The WEST
Line of Section	31	Township	27 NORTH Range 8 WEST, NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
PLATEAU, INC.	FARMINGTON, NEW MEXICO					
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)					
EL PASO NATURAL GAS COMPANY	P. O. Box 990, FARMINGTON, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	31	27N	8W	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
MAY 3, 1966	MAY 25, 1966	6630 FT.	6594 FT.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
BASIN DAKOTA	DAKOTA	6308 FT.	6415 FT.					
Perforations	Depth Casing Shoe							
6308 - 6512 FT.	6629 FT.							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	335	250 sx.					
7-7/8"	4-1/2"	6629 FT.	1ST STAGE CEMENTED					
w/450 CU. FT., STAGE COLLAR AT 4462 FT. CEMENTED w/550 CU. FT., STAGE COLLAR AT 2047 FT.								
CEMENTED w/900 CU. FT. 1-1/2" E.U.E. 6415 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
4,258	3 HR.		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
BACK PRESSURE	1935(8 DAYS) 347 FLOWING	1932(8 DAYS) 1371 FLOWING	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.

Gilbert D. Noland, Jr.
(Signature)
GILBERT D. NOLAND, JR.
DRILLING SUPERINTENDENT
(Title)
JUNE 10, 1966
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUN 14 1966, 19____
BY Original Signed by Emory C Arnold
SUPERVISOR DIST. #3
TITLE _____

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 Sections I, II, III, and VI only 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.