NO. OF COPIES RECEIVED		4		
DISTRIBUTION				
SANTA FE		1		
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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	2		
	Ci A S	,		

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	NO. OF COPIES RECEIVED	1						
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMI	SSION	Form C-104			
	SANTA FE	FOR ALLOWABLE	Supersedes Old C-104 and C-11					
	FILE		AND	Effective 1-1-6	55			
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND N	ATURAL GAS				
	LAND OFFICE			ATORAL OAS				
	TRANSPORTER OIL 2							
	GAS							
	OPERATOR							
I.	PRORATION OFFICE							
•	Operator							
	SOUTHERN UNION PRO	DUCTION COMPANY						
	Address			· · · · · · · · · · · · · · · · · · ·				
	P. O. Box 808, FAR	MINGTON, NEW MEXICO 874	.01					
	Reason(s) for filing (Check proper box	)	Other (Please	explain)				
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Go	rs 🗍					
	Change in Ownership	Casinghead Gas Conde	<b>=</b>					
	If change of ownership give name							
	and address of previous owner							
TT	DESCRIPTION OF WELL AND	LEACE						
11.	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.		
	RICHARDSON	4 BASIN DA	KOTA	State, Federal or Fe	e Feneral	SF077972		
	Location	A DAGIN DA	NUIN	<del></del>	1 EDERAL	M 0/19/2		
	l 185	O Feet From The South			EAST			
	Unit Letter;	Feet From TheLir	e and	Feet From The	5.01			
	Line of Section .3 Toy	wnship 27 NORTH Range	13 WEST , NMPM,	SAN JUAN		C		
	Line of Section - 100	winship	, NMPM,	- TAIL GOALL		County		
FTT	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.c					
111.			Address (Give address to	which approved cor	oy of this form is t	o be sent)		
	Name of Authorized Transporter of OU NO 90	Jun _ 104	Address (Give address to FARMINGTON, NEW FARMINGTON, NEW	MEXICO		,		
	NEW MEXICO TANKERS  Name of Authorized Transporter of Car	singhead Gas or Dry Gas XX	Address (Give address to	which approved cou	ov of this form is t	o be sent)		
	EL PASO NATURAL GA		P. O. Box990, F			-		
	CE I NOO HATOHAE OA	Unit Sec. Twp. Rge.	Is gas actually connected		ICA WIEVIOO	31401		
	If well produces oil or liquids, give location of tanks.	3 27 N 13 W						
i								
		th that from any other lease or pool,	give commingling order	number:				
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug	Back   Same Res	'v. Diff. Res'v.		
	Designate Type of Completic	n = (X)	!	1 1	1	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T D	<u></u>		
		1	•					
	11/14/66	12/22/66	6291 FI		6262	FI.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top XX/Gas Pay		ng Depth			
	6034 R.K.B.	BAKOTA	6116 FT.		6186	FT.		
	Perforations	1001		Dept	h Casing Shoe			
	6116 - 6236 FT. 6291							
		TUBING, CASING, AND	CEMENTING RECORD	)				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	Т	SACKS CEM	ENT		
	12-1/4"	8-5/8*	328 FT.		250	SX.		
	7-7/8"	4-1/2#	6291 FT.	1ST STAGE	CEMENTED W	/500 CU.FT		
	STAGE COLLAR SET WALL	26 FT. CEMENTED W/750 C	U.FT.: STAGE COL					
		1-1/2" E.U.E.	6186 FT.					
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volum	e of load oil and mu	st be equal to or e	xceed top allow		
	OIL WELL	able for this de	pth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.,	)			
		İ						
ļ	Length of Test	Tubing Pressure	Casing Pressure	Chol	· ut/ []			
					IN LID	1		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas -	MCF '	1		
		1		1.0	7 1967	• 1		
'			<u> </u>	163.	4 7	1		
	GAS WELL				JON. COM	•/		
[	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav	ity of Condinact	<del>/</del>		
	3.919	3 HRS.						
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Chok	• Size			
	BACK PRESSURE	1979 (10 DAYS)	1972 (10	l l	3/4#			
(								
VI.	CERTIFICATE OF COMPLIANC	CE	OIL C	ONSERVATION	COMMISSION	N		
			JAN	18 36/		10		
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.			APPROVED JAN 18 1967					
			By Original Signed by Emery C. Arnold					
			CHIPPINICOP DIST. #3					
			TITLE SUPERVISOR DIST: #17					
			This form is to be filed in compliance with RULE 1104.					
			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened					
G	ILBERT D. NOLAND. IDISiene	BERT D. NOLAND, JRGignature)			v a tabulation of	f the deviation		
~	DRILLING SUPERINTE	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.						
-	THE TOPERINTE							
	JANUARY 16, 1967	ne/		=				
			Fill out only Se	ections I, II, III,	and VI for chan	ges of owner,		

(Date)

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.