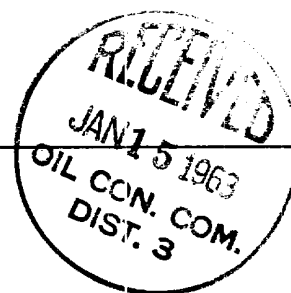


<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">NUMBER OF COPIES RECEIVED</td></tr> <tr><td style="text-align: center;">DISTRIBUTION</td></tr> <tr><td>SANTA FE</td></tr> <tr><td>FILE</td></tr> <tr><td>U.S.G.S.</td></tr> <tr><td>LAND OFFICE</td></tr> <tr> <td>TRANSPORTER</td> <td>OIL</td> <td>GAS</td> </tr> <tr><td>PRORATION OFFICE</td></tr> <tr><td>OPERATOR</td></tr> </table>	NUMBER OF COPIES RECEIVED	DISTRIBUTION	SANTA FE	FILE	U.S.G.S.	LAND OFFICE	TRANSPORTER	OIL	GAS	PRORATION OFFICE	OPERATOR	NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	FORM C-110 (Rev. 7-60)
NUMBER OF COPIES RECEIVED													
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TRANSPORTER	OIL	GAS											
PRORATION OFFICE													
OPERATOR													
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE													
Company or Operator Southern Union Production Company		Lease Zachry											
Well No. 18													
Unit Letter M	Section 11	Township 28-N											
Range 10-W	County San Juan												
Pool Basin Dakota		Kind of Lease (State, Fed, Fee) Federal											
If well produces oil or condensate give location of tanks	Unit Letter M	Section 11											
Township 28-N	Range 10-W												
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/> 90% Plateau, Inc. 10% New Mexico Tankers		Address (give address to which approved copy of this form is to be sent) Farmington, New Mexico											
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input type="checkbox"/>													
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> Southern Union Gas Company		Date Connected											
		Address (give address to which approved copy of this form is to be sent) Attn: Mr. J. R. Bynum, Fidelity Union Tower Building, Dallas 1, Texas											
If gas is not being sold, give reasons and also explain its present disposition:													
REASON(S) FOR FILING (please check proper box)													
New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input checked="" type="checkbox"/> Other (explain below)													
Remarks													
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.													
Executed this the <u>9th</u> day of <u>January</u> , 19 <u>63</u> .													
OIL CONSERVATION COMMISSION		By Original signed by VAL A. RIPPER											
Approved by Original Signed By A. R. KENDRICK		Title Val A. Ripper Production Superintendent											
Title PETROLEUM ENGINEER DIST. NO: 3		Company Southern Union Production Company											
Date JAN 15 1963		Address Post Office Box 808 Farmington, New Mexico											



NO. OF COPIES RECEIVED		4
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	/
OPERATOR		/
PRORATION OFFICE		

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. Operator
SOUTHERN UNION PRODUCTION COMPANY
Address
P. O. Box 808, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name ZACHRY	Well No. 18	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SF 080724-A
Location Unit Letter M ; 794 Feet From The NORTH Line and 805 Feet From The WEST Line of Section 11 Township 28 NORTH Range 10 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
SOUTHERN UNION GATHERING COMPANY	FIDELITY UNION TRER DALLAS, TEXAS 75201 ATTN: ROBERT MCCRARY	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 11
	Twp. 28N	Rge. 10W
	Is gas actually connected? YES	When MARCH, 1962

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
B. R. VANDERSLICE

B. R. VANDERSLICE (Signature)
AREA SUPERINTENDENT

(Title)

AUGUST 2, 1970

(Date)

OIL CONSERVATION COMMISSION
AUG 7 1970

APPROVED _____

BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #8**

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.