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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUIEST FOR ALLOWABLE

Form C-104
Supercoder Old C-104 and Co

FILE	_ REQUEST	FOR ALLOWABLE		Supersedes Old C=104 and C=1. Effective 1=1=65		
U.S.G.S.	T	TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND I	IATURAL GAS			
l OIL /	1					
TRANSPORTER GAS /	1					
OPERATOR 2	7					
PRORATION OFFICE						
Operator	•					
Suburban Propane Gas	Corporation		·			
Address 17600	Com Antonio Tomos 783	017				
	, San Antonio, Texas 782	Other (Please				
Reason(s) for filing (Check proper box	Change in Transporter of:	Other (1 tense	explain)			
Recompletion	OII X Dry Go					
Change in Ownership X	Casinghead Gas Conde	771				
			·			
If change of ownership give name	Bird Oil Equipment of Ok	clahoma, Ltd., 3	001 London Hous	se		
and address of previous owner	505 Fourth Are SW, Calga					
DESCRIPTION OF WELL AND	LEASE					
Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.		
Southeast Cha Cha Uni	t #14 Gallup Cha	a Cha	State, Federal or Fee S	<i>?</i> - 077968 .		
Location			.			
Unit Letter B 66	O Feet From The North Lir	ne and1830	Feet From The	East		
			· .	_		
Line of Section 16 To	waship 28 North Range 13	B West , ммРм	San C	Jaun, County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS		f this form is to be sent)		
Name of Authorized Transporter of Ct	or Condensate	i	the second secon			
Plateau Inc.				ington, NM 87401		
Name of Authorized Transporter of Ca		1	* -			
El Paso Natural Gas C		-i -	ington, NM 8740	J1		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	ed? When			
give location of tanks.		1		·		
If this production is commingled w.	ith that from any other lease or pool,	give commingling order	number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Flug Ba	ck Same Res'v. Diff. Res'		
Designate Type of Completi		i i i i i i i i i i i i i i i i i i i	beepen 1	1		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D	<u> </u>		
Date Spudded	Bate Compt. Heady to 1 tou.	Total Boptin				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing I	Depth		
Distribute (BT, AND, AT, OK, ELL.)						
Perforations		 	Depth C	asing Shoe		
	TUBING, CASING, AN	D CEMENTING RECOR	0			
HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEMENT		
			<u></u>			
		<u> </u>	<u> </u>			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volu	me of load oil and must b	is equal to or exceed top allo		
OIL WELL	able for this a	epth or be for full 24 hours Producing Method (Flou				
Date First New Oil Run To Tanks	Date of Test	Producing Method (F tou	, pump, gas tijt, etc.)	-		
		0	Choke S			
Length of Test	Tubing Pressure	Casing Preseure	Chore			
		Water - Bbls.	Gas M)F		
Actual Prod. During Test	Oil-Bbls.	wdfer - Dbie.	Gas	•		
						
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gravity	of Condensate		
Actual Pros. 1661-MCF/D	Length of Tool					
Transport Age No. 1 Age of the Ag	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Chok+ S	ilze		
Testing Method (pitot, back pr.)	. anny , roome (pane-an)					
		1	CONSEDIATION	COMMISSION		
CERTIFICATE OF COMPLIAN	CE	II OIL (CONSERVATION C	A COLUMNIC CONTRACTOR		
		APPROVED		, 19		
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.		By Original Signed by A R Kendrick				
		II HY	igned by A R	Condrick		
		TITLE SUPERVISOR DIST. #3				
	5 10	NI .				
(1) a not 4.	Tay We	This form is to	be filed in compliance	se with RULE 1104.		
KTOURECION.	111.000			a newly drilled or deepen a tabulation of the deviati		
/Sian	saiwe) Suporintondont	tests taken on the	well in accordance wi	ith RULE 111.		
Transform Aron		1.1				

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.