

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

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

I. Operator
SOUTHERN UNION PRODUCTION COMPANY

Address
P. O. Box 808, FARMINGTON, NEW MEXICO

Reason(s) for filing (Check proper box) Other (Please explain)

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 ANGEL PEAK "B"	Well No. 27	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter K ; 2085 Feet From The SOUTH Line and 1500 Feet From The WEST Line of Section 25 , Township 28-NORTH Range 11-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"/> PLATEAU, INC.	Address (Give address to which approved copy of this form is to be sent) FARMINGTON, NEW MEXICO
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
If well produces oil or liquids, give location of tanks.	Unit K Sec. 25 Twp. 28-N Rge. 11-W 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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded JANUARY 21, 1966	Date Compl. Ready to Prod. FEBRUARY 17, 1966		Total Depth 6327 Ft.		P.B.T.D. 6285 Ft.			
Pool BASIN DAKOTA	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 6028 Ft.		Tubing Depth 6100 Ft.			
Perforations 6028-6160 Ft.					Depth Casing Shoe 6326 Ft.			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13-3/8"		67 Ft.		135 Sx.			
12-1/4"	8-5/8"		685 Ft.		400 Sx.			
7-7/8"	4-1/2"		6327 Ft.		1ST STAGE CEMENTED W/400 CU. FT.			
STAGE COLLAR 4300 FT. W/500 CU. FT., STAGE COLLAR 1710 FT. W/750 CU. FT.								

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) **6100 FT.**

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 4,922	Length of Test 3 HRS.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure 1707 8 DAY SHUT-IN	Casing Pressure 1708 8 DAY SHUT-IN	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.

Gilbert D. Noand, Jr.
GILBERT D. NOAND, JR. (Signature)
DRILLING SUPERINTENDENT

MARCH 3, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 7 1966**, 19

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist. # 3**

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.