NO. OF COPIES REC	6	,	
DISTRIBUTION			
SANTA FE			
FILE			_
U.S.G.5.			
LAND OFFICE			
TRANSPORTER	OIL		
I NANSCONTER	GAS	1	
OPERATOR	2		
PROPATION OF			
Operator			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	++						Old C-104 and C-11	
	U.S.G.S. AUTHORIZATION TO TRAN				OH AND N	Effective 1-	-1-65		
	LAND OFFICE		AUTHORIZATION TO TRA	ANDI OR I	OIL AND N	ATURAL	5A3		
	TRANSPORTER OIL GAS /	A							
	OPERATOR 2	2							
1	PRORATION OFFICE Operator			<del> </del>	····			· · · · · · · · · · · · · · · · · · ·	
	Suburban Propane	Gas C	Corporation						
	Address	7690	San Antonia Towas 79	217			T		
	Post Office Box 17689, San Antonio, Texas 78217  Reason(s) for filing (Check proper box)  Other (Please explain)								
	New Well	•	Change in Transporter of:	_	• • • • • • • • • • • • • • • • • • • •				
	Recompletion		Oil X Dry Go						
	Change in Ownership X	<del></del>	Casinghead Gas Conde	nsate	<del></del>				
	If change of ownership give nand address of previous owner	.r	oird Oil Equipment of Cooperate						
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation Kind of Lease						*	Lease No.		
Southeast Cha Cha Unit #30 Gallup Cha Cha State, Federal or Fee NN-09979									
Location									
	Unit Letter P;		Feet From The South Lir	ne and	./30	_ Feet From T	The <u>East</u>		
	Line of Section 15	Town	ship 28 North Range 13	West	, NMPM,		San Jai	IN County	
		nonmi	ON ON OUT AND MARKINAT OF				_		
III.	Name of Authorized Transporter		ER OF OIL AND NATURAL GA		Give address to	which approx	ed copy of this form i	is to be sent;	
	Plateau Inc.			1921	Bloomfie	ld Blvd.	, Farmington,	NM 87401	
	Name or Authorized Transporter			1.			oed copy of this form i	is to be sent)	
	El Paso Natural G		Unit Sec. Twp. Pge.		990, Farm				
	give location of tanks.					,			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA    Cil Well   Gas Well   New Well   Workover   Deepen   Flug Back   Same F							Res'v. Diff. Res'v.	
	Designate Type of Com	pletion		1		! !	l ing Basi	!	
	Date Spudded	I	Date Compl. Ready to Prod.	Total Dep	th	<del></del>	F.B.T.D.		
	Elevations (DF, RKB, RT, GR, e	etc.,   1	Name of Producing Formation	Tep Ofl/C	Gas Pay		Tubing Depth	<del></del>	
				<u> </u>			Depth Casing Shoe		
	Perforations					Depth Casing Shoe			
			TUBING, CASING, AND	CEMENT	ING RECORD				
	HOLE SIZE		CASING & TUBING SIZE		DEPTH SE	<u> </u>	SACKS C	EMENT	
						<del></del>			
V.	TEST DATA AND REQUES	ST FOR	R ALLOWABLE (Test must be a able for this de	pth or be fo	r full 24 hours)			or exceed top attow-	
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					<b></b>			
	Length of Test		Tubing Pressure	Casing Pa	essure	<del></del> -	Choke Size		
	Actual Prod. During Test		Oti-Bbis.	Water-Bb	10.		Gas - MCF		
	<u></u>			1		<del></del>	<u> </u>		
	GAS WELL	<del></del>		Tau a			Ta		
	Actual Prod. Test-MCF/D	1	Length of Test	Bbla. Con	denagte/MMCF		Gravity of Condense	31 <b>0</b>	
	Testing Method (pitot, back pr.)	1	Tubing Pressure (Shut-in)	Casing Pr	essure (Shut-i	(4)	Choke Size		
VI.	CERTIFICATE OF COMPI	LIANCE	<del></del>		OIL C	ONSERVA	TION COMMISSI	ON	
						.1111 2	19//	19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  BY.			APPRO	BY Original Signed by A. R Wendrick				
				TITLE SUPERVISOR DIST. #3					
	Graced L. Willer		This form is to be filed in compliance with RULE 1104.						
	(Signature)			If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation					
Rocky Mountain Area Superintendent tests taken on the well in accordance with MULE			111.						
	7-70-1917			shie on new and recompleted waits.					
	(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				
				Se	parate Forms ed wells.	C-104 must	be filed for each	pool in multiply	
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