

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

COPIES RECEIVED		5
DISTRIBUTION		
SANITARY		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PROMOTION OFFICE		

Suburban Propane Gas Corp.

Address
2120 Alamo National Bldg.; San Antonio, Texas 78205

Reasons for filing (check proper box) Other (Please explain)

New Well ☐ Change in Transporter of ☒ ☐
Recompletion ☐ or ☒ ☐
Change in Ownership ☐ Assigned Gas ☐ For Lease ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. Pool Name, Locality, Formation	Kind of Lease	Lease No.
NW Cha Cha Unit 17	14 Cha Cha Gallup	State Leases or Fed. Federal	14-20-603 2200
Section	Feet From The	Line and	Feet From The
M 510	S	510	W
Line of Section	Township	Range	NMPM, San Juan County
17	29N	14W	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter (Oil ☒ or Condensate ☐)	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	Box 108; Farmington, New Mexico 87401
Name of Authorized Transporter of Gas (Pipeline ☐ or by rail ☐)	Address (Give address to which approved copy of this form is to be sent)
If well produces oil, liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	G 21 29N 14W no

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, PKB, 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 OIL WELL

(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.)

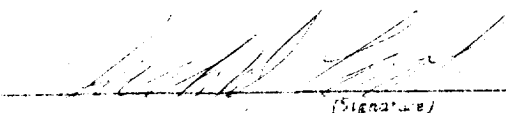
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back p.)	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.


(Signature)

(Date)

10-1-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 2 1973, 19
BY Original Signed by 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.