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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**

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 <b>FEDERAL HELMS</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>BLANCO MESAVERDE</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>
Location Unit Letter <b>K</b> ; <b>1800</b> Feet From The <b>SOUTH</b> Line and <b>1695</b> Feet From The <b>WEST</b> Line of Section <b>22</b> , Township <b>30 NORTH</b> Range <b>10 WEST</b> , NMPM, <b>SAN JUAN</b> 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"/> <b>PLATEAU INC. - 90%</b> <b>NEW MEXICO TANKERS, INC. - 10%</b>	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"/> <b>EL PASO NATURAL GAS CO.</b>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>22</b>	Twp. Rge. <b>30-N 10-W</b>	Is gas actually connected? <b>No</b>	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>Nov. 4, 1964</b>	Date Compl. Ready to Prod. <b>Dec. 8, 1964</b>	Total Depth <b>7460</b>	P.B.T.D. <b>7425</b>					
Pool <b>BLANCO MESAVERDE</b>	Name of Producing Formation <b>MESAVERDE</b>	Top Oil/Gas Pay <b>4508</b>	Tubing Depth <b>5187</b>					
Perforations <b>4508-5238</b>	TUBING, CASING, AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT			
<b>15"</b>	<b>10-3/4"</b>	<b>297 FT.</b>	<b>275 BX.</b>					
<b>9-7/8"</b>	<b>7-5/8"</b>	<b>3093 FT.</b>	<b>150 BX + 200 BBL. KEMPA</b>					
<b>6-3/4"</b>	<b>XXXXXX 5"</b>	<b>7460 FT.</b>	<b>1050 CUBIC FEET</b>					
	<b>1-1/4"</b>	<b>5187</b>						

**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

(TESTED THRU CASING)

Actual Prod. Test - MCF/D <b>2737</b>	Length of Test <b>3 HR.</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>BACK PRESSURE</b>	Tubing Pressure <b>FLOWING 524</b>	Casing Pressure <b>FLOWING 225</b>	Choke Size <b>3/4"</b>
	<b>811 PSI (34 DAY SHUT-IN)</b>	<b>860 PSI (34 DAY SHUT-IN)</b>	

**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. NOLAN, JR.** *Gilbert D. Nolan Jr.*  
 DRILLING SUPERINTENDENT  
 (Signature)  
 JANUARY 22, 1965  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED: **JAN 22 1965**  
 BY: **A. R. KENDRICK**  
 TITLE: **PETROLEUM ENGINEER DIST. NO. 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.

