

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	2
	GAS	1
OPERATOR		
PRORATION OFFICE		

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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL HELMS	Well No. 1	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Fee FEDERAL
Location			
Unit Letter K	1800 Feet From The SOUTH Line and 1695 Feet From The WEST		
Line of Section 22	Township 30 NORTH	Range 10 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. - 90% NEW MEXICO TANKERS, INC. - 10%	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"/> EL PASO NATURAL GAS CO.	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 K	Sec. 22	Twp. 30-N Rge. 10-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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded Nov. 4, 1964	Date Compl. Ready to Prod. Dec. 8, 1964	Total Depth 7460	P.B.T.D. 7425					
Pool BLANCO MESAVERDE	Name of Producing Formation MESAVERDE	Top Oil/Gas Pay 4508	Tubing Depth 5187					
Perforations 4508-5238	Depth Casing Shoe 7460							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15 1/2"	10-3/4"		297 FT.		275 BX.			
9-7/8"	7-5/8"		3093 FT.		150 BX + 200 BBL. KENPA			
6-3/4"	XXXXXX 5"		7460 FT.		1050 CUBIC FEET			
	1-1/4"		5187					

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)

GAS WELL

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

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.
DRILLING SUPERINTENDENT

JANUARY 22, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 22 1965**, 19

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.