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DISTRIBUTION			
SANTA FE		1	
FILE		1	100
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR			
PROBATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE /	REQUEST	FOR ALLOWABLE Supersedes Old C-104 and C-		
FILE /		AND Effective 1-1-65		
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
TRANSPORTER OIL				
GAS /				
OPERATOR !				
I. PRORATION OFFICE Operator	<u> </u>			
SOUTHERN UNION PRODUC	TION COMPANY			
Address				
P. O. Box 808, FARMIN				
Reason(s) for filing (Check proper b		Other (Please explain)		
New Well Recompletion	Change in Transporter of: Oil Dry Go			
Change in Ownership	Casinghead Gas Conde			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND		me, Including Formation	Kind of Lease	
MADDOX "D" FEDERAL CO		IN DAKOTA	State, Federal or Fee FEDERAL	
Location			FERRE	
Unit Letter G	40 Feet From The NORTH Lir	ne and 1860 Feet From	The EAST	
Line of Section 23 , T	Cownship 30 N Range 1	3 W , NMPM, SA	N JUAN County	
HI DESIGNATION OF TRANSPO	PTEP OF OH AND NATURAL CA	16		
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which appr	roved copy of this form is to be sent)	
PLATEAU, INC.		1909 BLOOMFIELD BLVD.,	FARMINGTON, NEW MEXICO	
Name of Authorized Transporter of C EL PASO NATURAL GAS C	Casinghead Gas or Dry Gas		roved copy of this form is to be sent)	
LE 1 ASO MATORAL GAS C		P. O. Box 990, FARMING		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen	
give location of tanks.				
If this production is commingled vIV. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complete		X	<u> </u>	
Date Spudded 7/8/65	Date Compl. Ready to Prod. 7/30/65	Total Depth 6570	P.B.T.D. 6524	
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
BASIN DAKOTA	DAKOTA	6335	6464	
Perforations			Depth Casing Shoe	
6336-6348,6394-6402,6	416-6448,6474-6482,6490-6	498.	656 0	
	TUBING, CASING, AN	D CEMENTING RECORD		
12-1/A	CASING & TUBING SIZE 8-5/8" 24.0#	DEPTH SET 293	SACKS CEMENT	
7-7/8*	4-1/2* 10.5#	6560	225 sks. 2000 cu. ft.	
	1-1/2* 2.9#	6464	2000 00. F1.	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load or	il and must be equal to or exceed top allow-	
OIL WELL	able for this de	epth 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	
			192	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	TUBING	CASING		
7 D	AY SHUT-IN 1894 P896.	1905 PSIG		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
4143	3 HRS.			
Jesung Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
BACK PRESSURE	342 PSIG	1239 PSIG	3/4**	
VI. CERTIFICATE OF COMPLIA	NCE		ATION COMMISSION	
		AUG 1	2 1965	
	d regulations of the Oil Conservation	APPROVED	19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Original Signed Emery C. Arnold BY		. # 3	
		Supervisor Dist. # 3		
1 1 111		TITLE		
Berney E. Becktol			n compliance with RULE 1104. owable for a newly drilled or deepened	
BENNY E. BECHTOL (Si	gnature)	well, this form must be accomp	panied by a tabulation of the deviation	
PETROLEUM ENGINEER		tests taken on the well in acc		
AUGUST 9, 1965	Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	70	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.		
((Date)		ist be filed for each pool in multiply	
		completed wells.	p macapa	