	<del></del>				/		
DISTRIBUTION	KIENI KIEN		ONICEDY/ATION COMM	IAONI	F 2 ***		
SANTA FE		onservation commi FOR ALLOWABLE	221014		Form C-104 Supersedes Old C-104 ad C-110		
FILE	-	LUOLUI	AND		Effective 1-1-65		
U.S.G.S.	ΔUTHORI7ΔTION	V TO TRA	NSPORT OIL AND N	ATURAL G	AS		
LAND OFFICE	. AUTHORIZATION	( ( ) ( )	ACCOUNT OF ACCOUNT	/// O//// O			
OIL (							
GAS							
PRORATION OFFICE							
Southern Union	PRODUCTION COMPAN	Υ					
P. 0. Box 808	, FARMINGTON, NEW MI	EXICO					
Reason's for filing (Check proper in the Well is a majoritar.  thus peans whomship	Obaxj Change in Transporter Oil Casinghead Gas	of: Dry Ga Conden		explain)			
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AN	D LEASE	In   Bool No	me, Including Formation	<del></del>	Kinà of Lease		
NORDHAUS	3	1	CO MESAVERDE		State, Federal or Fee	FEDERAL	
Location A	No. Peet From The	ORTH Lin	790	_ Feet From T	EAST		
11	31 NORTH		WEST , NMPM,	SAN	JUAN	County	
		WIDAT CA	0				
PEATEAUNOTING TRANSPO PEATEAUNOTING TOURS 90% OF NEW MEXICO TANKERS,	Oil or Condensate		FARMINGTON, NE	W MEYICO			
Name of Authorized Transporter of Casinghead Gas or Dry Gas SOUTHERN UNION GATHERING COMPANY			Address (Give address to which approved copy of this form is to be sent) FIDELITY UNION TOWER DALLAS, TEXAS ATTN: MR. J. R. BYNUM				
If well produces oil or liquids,	Unit Sec 11 TWN	Page 9W	Is gas actually connecte	d? Whe	** N *** * * * * * * * * * * * * * * *		
If this production is commingled	with that from any other leas	se or pool,	give commingling order	number:			
Designate Type of Comple		Gas Well	New Well Workover	Deeper.	Plug Back   Same Res	v. Diff. Res'v.	
Date XXXXX REWORK STAR	TED Date Compl. Ready to Prod		Total Depth		P.B.T.D.		
OCTOBER 8, 1965	OCTOBER 18, 19	65	5582 FT.		5548 FT.		
BLANCO MESAVERDE	Name of Producing Format MESAVERDE	ion	Top <b>4945</b> FT.		Tubing Depth 5350 FT.		
Perforations 4945 FT 5506 FT.					Depth Casing Shoe <b>5582 FT.</b>		
		ASING, ANI	CEMENTING RECOR	D			
HOLE SIZE	CASING & TUBING	3 SIZE	DEPTH SE 223 FT.	Т	SACKS CEM	ENT	
9-7/8"	7-5/8 <sup>n</sup>		3186 FT.		150 sx		
6-3/4"	5-1/2"		5582 FT.		230 sx		
	2# E.U.		5350 FT.				
. TEST DATA AND REQUEST OIL WELL	F FOR ALLOWABLE (Te	st must be a le for this de	fter recovery of total volume opth or be for full 24 hours	ne of load oil	and must be equal to or e	xceea top attow	
Date First New Gil Run To Tanks	Date of Test		Producing Method (Flow	, pump, gas lij	ft, etc.)		
Length of Test	Tubing Pressure		Casing Pressure		CAR 11. VED		
Actual Froi. During Test	Oil-Bbls.		Water-Bbls.		Gast MCF1 1965		
A. I. T. I.				4	VOIL CON. COM	<del>a /</del>	
GAS WELL					DIST. 3	"	
Actual Frod. Test-MCF/D	Length of Test  3 HRS.		Bbls. Condensate/MMC	7	Gravity of Condensate		
_esting Method (pitot, back pr.)	Tubing Pressure 546(9	DAY SH	UT-4N) Pressure 539	(9DAY SH	UCTUN)Size		
BACK PRESSURE	89 PSIG		<i>331</i> P316		3/4"	3/4"	
I. CERTIFICATE OF COMPLI	ANCE				TION COMMISSION	N	
I hereby certify that the rules a Commission have been complic above is true and complete to	ed with and that the informa	ation given	APPROVED_NO	, 1 1965 Lined En	Bery C. Amol	19	

## VI.

GILBERT D. NOLAND, URgnature) DRLG. SUPERINTENDENT

OCTOBER 28, 1965

(Title)

 $(\overline{Date})$ 

All sections of this form must be filled out completely for allowable on new and recompleted wells.

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened

TITLE Supervisor Dist. # 3

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.