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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**

Operator: **Southern Union Production Company**

Address: **P. O. Box 808, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box):  
 New Well:  Change in Transporter of:  
 Recompletion:  Oil:  Dry Gas:   
 Change in Ownership:  Casinghead Gas:  Condensate:

Other (Please explain):

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Lester</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Aztec Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>H</b> ; <b>1670</b> Feet From The <b>North</b> Line and <b>1010</b> Feet From The <b>East</b> Line of Section <b>3</b> Township <b>30 North</b> Range <b>11 West</b> , NMPM, <b>San Juan</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Plateau, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Farmington, New Mexico 87401</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Southern Union Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>1507 Fidelity Union Tower Bldg. Dallas, Texas Attn: Robert McCrary</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>H</b>	Sec. <b>3</b>	Twp. <b>30N</b>	Rge. <b>11W</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.
		<b>XX</b>	<b>XX</b>					
Date Spudded <b>12-13-74</b>	Date Compl. Ready to Prod. <b>1-20-75</b>		Total Depth <b>4760 Ft. R.K.B.</b>		P.B.T.D. <b>4706 Ft. R.K.B.</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5760 Ft. R.K.B.</b>	Name of Producing Formation <b>Pictured Cliffs</b>		Top Oil/Gas Pay <b>2282 Ft. R.K.B.</b>		Tubing Depth <b>2225 Ft. R.K.B.</b>			
Perforations <b>2282 - 2326 Ft. R.K.B.</b>					Depth Casing Shoe <b>4760 Ft. R.K.B.</b>			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4"</b>	<b>8-5/8"</b>		<b>300 Ft. R.K.B.</b>		<b>185 sacks</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>4760 Ft. R.K.B.</b>		<b>Stage Collar set @ 2504'</b>			
<b>1st stage cemented w/215 sacks. 2nd stage cemented w/400 sacks</b>					<b>1-1/4" I.J. 2225 Ft.</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

**GAS WELL**

Actual Prod. Test-MCF/D <b>1011</b>	Length of Test <b>3 Hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure (shut-in) <b>383</b>	Casing Pressure (shut-in) <b>383</b>	Choke Size <b>3/4"</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.

*Dan R. Collier*  
 Dan R. Collier Office Manager  
 February 6, 1975

Original signed by  
Dan R. Collier

**OIL CONSERVATION COMMISSION**

APPROVED **FEB 18 1975**  
 TITLE **SUPERVISOR**

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.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.