

DISTRIBUTION	
ANTA FE	/
FILE	/
I.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
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 838, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter <input type="checkbox"/>
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Payson	Well No. -	Pool Name, including Formation Blanco Canyon	Kind of Lease State, Federal or Fee Federal	Lease No. 11-07100
Location				
Unit Letter C	Feet From The 1700	Line and 1700	Feet From The East	
Line of Section 14	Township 21 North	Range 7 East	NMPM, San Juan	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"/> Plattman, Inc.	Address (Give address to which approved copy of this form is to be sent) Farmington, N. Mex. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Refining, Co., Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1000, Farmington, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 14
	Twp. 21 N	Rge. 7 E
	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spudded 8/9/75	Date Compl. Ready to Prod. 10/6/75		Total Depth 6000 ft.		P.B.T.D. 6000 ft.			
Elevations (DF, RKB, RT, GR, etc.) 6000 ft.	Name of Producing Formation Blanco Canyon		Top Oil/Gas Pay 5900 ft.		Tubing Depth 5900 ft.			
Perforations 6071 - 6080 ft.					Depth Casing Shoe 6000 ft.			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10 7/8"	CASING & TUBING SIZE 10 3/4"		DEPTH SET 510 ft.		SACKS CEMENT 500			
8 1/2"	8 1/2"		500 ft.		500			
7 1/2"	7 1/2"		500 ft.		500			

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 100	Length of Test 1 hour	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) pilot	Tubing Pressure (shut-in) 100	Casing Pressure (shut-in) 70	Choke Size 1/2"

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.

Original signed by

Dan R. Collier
Office Manager

10/17/75 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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 multiple