J. OF COPIES	···	15	
DISTRIBUTION	DN NC	+	$\dashv$
ANTA FE		1/	$\neg \uparrow$
FILE		1,1	ᅻ
J.S.G.S.		1	$\neg$
LAND OFFICE		1-1	
TRANSPORTER	OIL	17	
	GAS	/	
OPERATOR		1,	
PRORATION OFFICE		1	$\neg$
Operator			1.
Conshire	77	•	<b>T</b>

September 22, 1975

(Date)

110

DISTRIBUTION	NEW MEXICO OU	CONSERVATION CO. T. CO.			
ANTA FE /	REQUES	REQUEST FOR ALLOWABLE  AND  Form C-104  Supersedes  Effective 1-			
' FILE /					
J.S.G.S.	AUTHORIZATION TO T	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		THE SET OF AND NATE	RAL GAS		
TRANSPORTER OIL /					
OPERATOR GAS /					
PROPATION OFFICE					
Operator					
Southern Union	Production Company				
Address					
P. O. Box 808,	Farmington, New Mexico	8740 <b>1</b>			
Reason(s) for filing (Check proper t	oox)	Other (Please explain	n)		
New Well	Change in Transporter of:				
Recompletion Change in Ownership	Oil Dry	Gas			
Change in Ownership	Casinghead Gas Cond	den <b>s</b> ate			
If change of ownership give name	•				
and address of previous owner					
II. DESCRIPTION OF WELL AN	D LEASE				
Lease Name	Well No. Pool Name, Including	Formation Kind of	of Lease SF Lease No.		
Seymour	5-A Blanco Mesar	Verde State,	Federal or Fee Federal 078505		
Location			078909		
Unit Letter D; 1	180 Feet From The North L	ine and 920 Feet	From The West		
Lime of Service 22					
Line of Section 23	Township 31 North Range	9 West , NMPM, Sa	n Juan County		
I. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G				
Name of Authorized Transporter of C	or Condensate	Address (Give address to which	approved copy of this form is to be sent)		
Plateau, Inc.		Farmington, New M	exico 87.01		
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas				
Southern Union Gather	ring Company	Dallas Teras 7520	Approved copy-of this form is to be sent) FideLity Union Tower  1. Attn: Robert McCrary		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
give location of tanks.	D 23 31N 9W	No			
If this production is commingled v	with that from any other lease or pool	, give commingling order numbe	F:		
COMPLETION DATA	Oll Wall				
Designate Type of Complet	ion - (X)   Oil Well   Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth			
7/19/75	9/10/75	5746 Ft. R.K.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	3. 5717 ft. R.K.,B Tubing Depth		
6426 ft. Gr.	Mesaverde	5112 ft.	5573 ft.		
Perforations			Depth Casing Shoe		
5112 - 5627	ft.		5746 ft.		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
15"	10-3/4"	378 ft.	350		
8-3/4"	7"	3410 ft.	342		
6-1/4"	4-1/2" (Liner)	Top 3526' Bottom 57	461 310		
TEST DATA AND DECLES	2=1/16" I.J.	3573 ft.			
. TEST DATA AND REQUEST F		ifter recovery of total volume of loc epth or be for full 24 hours)	d oil and must be equal to or exceed top allow-		
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 Sign		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas Gas		
		<u> </u>	Office of the same		
040 W.T.			300		
GAS WELL Actual Prod. Test-MCF/D	1		1 6 3		
1821	Length of Test  3 hours	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)					
Back Pressure	Tubing Pressure (Shut-in) 599	Casing Pressure (Shut-in)	Choke Size		
L	<u> </u>	596	3/4"		
CERTIFICATE OF COMPLIAN	CE	OIL CONSE	RVATION COMMISSION CFP 24 1975		
I haveby contifue that the			SEP 2. 19/5		
Commission have been complied to	regulations of the Oil Conservation with and that the information given	APPROVED	, 19		
above is true and complete to the	best of my knowledge and belief.	By Original Signed	by A. R. Kondrick		
		<b>1 1</b>			
Original signed by		TITLE SUPERVISOR DIST. #5			
Dan R. Collier		This form is to be filed in compliance with RULE 1104.			
-n	ature)	If this is a request for	allowable for a newly drilled or deepened		
Office M		well, this form must be accordant tests taken on the well in a	empanied by a tabulation of the deviation occordance with RULE 111.		
			must be filled out completely for allow-		

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.