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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-  
Effective 1-1-65

I. Operator  
Union Texas Petroleum Corporation  
Address  
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295  
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)  
~~Change of Ownership to~~  
~~Union Producing Company successor to~~  
~~Supron Energy Corporation~~  
If change of ownership give name  
and address of previous owner Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA "L"	Well No. Pool Name, Including Formation 2-E BASIN DAKOTA	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. 10
Location Unit Letter <u>D</u> <u>860</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line of Section <u>10</u> Township <u>24 NORTH</u> Range <u>5 WEST</u> , NMPM, <u>RIO ARRIBA</u> 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Post Office Box 108, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Post Office Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>10</u>	Twp. <u>24N</u>	Rge. <u>5W</u>	Is gas actually connected? YES	When 8/21/80

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'
		XX	XX					
Date Spudded 12 12 79	Date Compl. Ready to Prod. 12 27 79		Total Depth 7110		P.B.T.D. 7066			
Elevations (DF, RKB, RT, GR, etc.) 6658 RKB	Name of Producing Formation DAKOTA		Top Oil/Gas Pay 6909		Tubing Depth 6967			
Perforations 6909-6963					Depth Casing Shoe 7910			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8	28.0#	278		200			
7-7/8	5-1/2	15.5#	7910		660 (3 stages)			
	2-3/8	4.7#	6967					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Union Texas Petroleum Corporation

(Signature)  
Vice-President

(Title)

6/11/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19

BY Original Signature of John Edmister

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 deviated 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