STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78

OIL CON DIV

TRANSPORTER OIL REQUEST FOR AL AND CPERATOR AUTHORIZATION TO TRANSPORT	DIST 3
I. Operator Union Texas Petroleum Corporation	
Address 375 US Highway 64, Farmington, NM 87401 Reason(s) for filing (Check proper box) Change in Transporter of: Peccompletion Change in Ownership Casinghead Gas Conde	11 #66 12 06
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Jicarilla L 12 Otero Chacra	
Unit Letter	5W , NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL (Name of Authorized Transporter of Oil or Condensate Conoco, Inc. Surface Trans. Name of Authorized Transporter of Casinghead Gas or Dry Gas Gas Company of New Mexico Unit Sec. Twp. Rge.	P. O. BOX 1429. Bloomfield is to be sent) Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1899. Bloomfield. NM 87413 Is gas actually connected? Yes
If this production is commingled with that from any other lease or pool, g NOTE: Complete Parts IV and V on reverse side if necessary.	OIL CONSERVATION DIVISION 1987
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	APPROVED SUPERVISOR DISTRICTURES
011111	This form is to be filed in compliance with RULE 1104.

(Signature)

(Tule)

(Date)

Permit Coordinator

January 8, 1987

If this is a request for allowable for a newly drilled or deepens If this is a request for allowable for a newly drilled or deepens 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 owns well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multip completed wells.

Designate Type of Complet	ion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Team of	
Date Spudded		<u> </u>	1	1	1	1	i	Same Restv.	Diff. Res!
	Date Compl	. Ready to P	rod.	Total Depti	h		P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of St						13.7.5.	•	
water, or, ele.)	Name of big	ducing Form	ation	Top Oll/Ga	s Pay		Tubing Depi	th.	
Perforations				<u> </u>					
							Depth Casin	g Shoe	
		TUBING, C	ASING, AND	CEMENTIN	IC PECOPO				
HOLE SIZE	CASIN	G & TUBIN	G SIZE		DEPTH SET				
					DEP IN SE		SA	CKS CEMEN	т
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. TEST DATA AND REQUEST	FOR ALLOV	VABLE (T	est must be of	Ist teconom o	formal				
TEST DATA AND REQUEST OIL WELL	FOR ALLOV	VABLE (Ta	est must be of le for this des	ter recovery o	f sosal volume ill 24 hours)	of load oil a	ind must be equ	ual to or exce	ed top allow
. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLOV	VABLE (Tab	est must be of le for this dep					ual to or excee	ed top allow
. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks ength of Test	Date of 1 set		est must be of le for this dep		f total volume ill 24 hours) ethod (Flow, p			ual to or excee	ed top silow
	FOR ALLOV		est must be of la for this des		thed (Flow, p			ual to or exce	ed top allow
ength of Test	Tubing Press		est must be of la for this de	Producing Me	thed (Flow, p		. etc.)	ual to or excee	ed top allow
	Date of 1 set		est must be of le for this des	Producing Me	thed (Flow, p		. etc.)	ual to or excee	ed top allow-
ength of Test	Tubing Press		est must be of le for this dep	Producing Me	thed (Flow, p		Choke Size	ual to or excee	ed top allow-
ength of Test studi Prod. During Test AS WELL	Tubing Press		est must be of le for this des	Producing Me	thed (Flow, p		Choke Size	ual to or exce	ed top silow
etual Prod. During Test AS WELL	Tubing Press	w.		Producing Me Casing Press Water-Bbls.	ethod <i>(Flow, p</i>		Choke Size	ual to or exce	ed top allow
etual Prod. During Test AS WELL ctual Prod. Test-MCF/D	Tubing Press Oil-Bbis.	w.		Producing Me	ethod <i>(Flow, p</i>		Choke Size		ed top allow
etual Prod. During Test AS WELL ctual Prod. Test-MCF/D	Tubing Press Oil-Bbis.	we		Producing Me Casing Press Water-Bbls.	ethod (Flow, p	oump, gas life	Choke Size		ed top allow

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND

13 1987 D

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Union Texas Petroleum Corporation Address 375 US Highway 64, Farmington, NM 87401 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Well name change Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Kind of Legse Well No. | Pool Name, Including Formation State, Federal or Fee Fed Jic. 12 Basin Dakota Jicarilla L Location 1600 Feet From The Feet From The South Line and 1580 County NMPM. Range Township 25N Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate X Name of Authorized Transporter of Oil P. O. Box 1429. Bloomfield. NM. 87413

Address (Give address to which approved copy of this form is to be sent) Conoco, Inc. Surface Trans. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Bloomfield. NM 87413 P. O. Box 1899. Gas Company of New Mexico Is gas actually connected? Twp. If well produces oil or liquids, . 34 25N give location of tanks.

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Robert & Trank	
(Signature) Permit Coordinator	
January 8, 1987	

(Date)

This form is to be filed in compliance with RULE 1104.

SUPERVISOR DISTRICT 福 3

OIL CONSERVATION DIVISION

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation 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 owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip

completed wells.

Designate Type of Comple	tion - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Resty	
Date Spudded	Date Compl. Ready to Pr	od.	Total Depti	1	<u> </u>	P.B.T.D.	_ i ,	<u>· </u>	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations			- L			Depth Cast	ng Shoe		
	TUBING, C	ASING, AN	D CEMENTI	NG RECOR)				
HOLE SIZE	CASING & TUBIN	IG SIZE	DEPTH SET			SACKS CEMENT			
								· 	
V. TEST DATA AND REQUES OIL WELL	s	eet must be d ble for this d	epth or be for	full 24 hours)	· 		qual to or exc	eed top allow	
Date First New Oil Run To Tanks	Date of Test		Producing k	sethod (Flow,	pump, gas i	ift, etc.)			
Length of Teet	Tubing Pressure		Casing Pres	ewe		Choke Size			
Actual Prod. During Teet	Oil-Bhis.		Water - Bble	,		Gas - MCF		·- · · · · · · · · · · · · · · · · · ·	
AS WELL						<u> </u>			
Actual Prod. Test-MCF/D	Length of Test		Bbis. Conde	nsate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-i)	Casing Pres	ewe (Shut-	la)	Choke Size			

IV. COMPLETION DATA