

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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U.S.G.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
 Union Texas Petroleum Corporation

Address  
 P. O. Box 1290, Farmington, New Mexico 87499

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

RECEIVED  
 DEC 17 1984  
 OIL CON. DIV.  
 DIST. 3

DESCRIPTION OF WELL AND LEASE

Lease Name F-27-24-7	Well No. 1	Pool Name, Including Formation Escrito Gallup	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 014023
Location Unit Letter <u>K</u> : <u>1770</u> Feet From The <u>South</u> Line and <u>1660</u> Feet From The <u>West</u>				
Line of Section <u>27</u> Township <u>24N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>27</u> Twp. <u>24N</u> Rge. <u>7W</u>	Is gas actually connected? <u>No</u> When

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

COMPLETION DATA

Designate Type of Completion - (X) XX	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/6/83	Date Compl. Ready to Prod. 6/2/83	Total Depth 5980	P.B.T.D. 5937					
Elevations (DF, RKB, RT, CR, etc.) 6910 R.K.B.	Name of Producing Formation Gallup	Top Oil/Gas Pay 5290	Tubing Depth 5620					
Perforations 5290 - 5775	Depth Casing Shoe 5980							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00#	296 ft.	236 cu. ft.
7-7/8"	4-1/2", 11.60#	5978 ft.	4448 cu. ft. (2 stages)
	2-3/8" E.U.E., 4.70#	5620 ft.	

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 6/18/83	Date of Test 12/4/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 150	Casing Pressure 160	Choke Size 1/2"
Actual Prod. During Test 28 bbl. of oil	Oil-Bbls. 28	Water-Bbls. 0	Gas-MCF 86

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

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 above is true and complete to the best of my knowledge and belief.

*Kenneth E. Roddy*  
 Kenneth E. Roddy (Signature)  
 Area Production Superintendent  
 (Title)

12/12/84

OIL CONSERVATION DIVISION

APPROVED DEC 17 1984, 19  
 BY Original Signed by FRANK T. CHAVEZ  
 TITLE SUPERVISOR DISTRICT # 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 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.