

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.L.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

I. Operator
UNION TEXAS PETROLEUM
Address
375 US Hwy 64 Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas
☐ Recompletion ☒ Casinghead Gas ☐ Condensate
☐ Change in Ownership
Other (Please explain)
Add gas transporter

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name F-27-24-7 Well No. 1 Pool Name, including Formation Escrito Gallup Kind of Lease Federal State, Federal or Fee N.M. Lease No. 014023
Location
Unit Letter K : 1770 Feet From The South Line and 1660 Feet From The West
Line of Section 27 Township 24N Range 7W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Conoco Inc. (Surface Trans.) Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1429 Bloomfield, New Mexico 87413
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent)
P.O. Box 8900, Salt Lake City, Utah 84108-8900
If well produces oil or liquids, give location of tanks. Unit K Sec. 27 Twp. 24 Rge. 7 Is gas actually connected? NO When Approx. 6/1/86

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 C. Frank (Signature)
Regulatory Analyst (Title)
April 16, 1986 (Date)

OIL CONSERVATION DIVISION
APPROVED APR 16 1986, 19
BY ORIGINAL SIGNED BY ERNIE EUSCH
TITLE GEOLOGIST 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.
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 multiply completed wells.

RECEIVED
APR 16 1986
OIL CON. DIV.
DIST. 3

Submitted on previous C-104
Approved 12/17/84

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size