

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITTING OFFICE	

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  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Union Texas Petroleum Corporation  
Address  
375 U.S. Highway 64 - Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)  
RECEIVED  
OCT 24 1985  
OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fred Davis	Well No. 1	Pool Name, including Formation Ojito Gallup-Dakota	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter M : 723 Feet From The South Line and 954 Feet From The West Line of Section 1 Township 25N Range 3W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) PO Box 1429 Bloomfield, New Mexico 87413	
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) PO Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 1
	Twp. 25	Rge. 3
	Is gas actually connected? No	

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)  
October 23, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_ OCT 24 1985  
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.

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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
7-18-85	9-5-85		8370' KB		8,328' KB				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
7281 GR 7293 KB	Gallup/Dakota		7036' KB		8,111' KB				
Perforations	Dakota 8210-8037 (gross) Greenhorn 7987-7935 (gross) Gallup 7621-7036 (gross)				Depth Casing Shoe				
				8,370' KB					
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		352KB		275 (19 to surface)				
7-7/8"	4-1/2"		8370'		2215				
	2-3/8"								

#### 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)

Days First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9/16/85	10/21/85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	112	137	1/2" orifice
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	68	6	51

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size