STATE OF NEW MEXICO

ENERGY AND THITTE			
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DISTRIBUTION			H
SANTA FE		-	H
PILE		1	\Box
U.S.O.S.		1-	1
LAND OFFICE	OIL	1	
TRANSPORTER	GAS		
OPERATOR		1	4
PROBATION OFF	KE		

	Form C-104 Revised 10-01-78
STATE OF NEW MEXICO	Format 06-01-83
STATE OF NEW THENT ENERGY AND MINERALS DEPARTMENT	NOLVISION CO
	N DIVISION DECEMBED
OIL CONSEIN P. O. BOX 208	8 87501
DISTRIBUTION P. O. BOX 208 SANTA FE, NEW ME.	XICO 0.0
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U.S.O.A	OWABLE OU COAL DIV
LAND OFFICE OIL REQUEST FOR ALL	QIL CON. DIV.
TRANSPORTER CAS TO TRANSPORT	OIL AND NATURAL OND DIST 3
OPERATOR AUTHORIZATION TO TRACE	OIL AND NATURAL GALL CON. DIV.
PROMATION OFFICE	
<u>I.</u>	
UNION TEXAS PETROLEUM	
	Other (Please explain)
Address us HWY 64 Farmington, New Mexico 5.	
Reeson(s) for filing (Check proper box) Change in Transporter at: Dry G	
Resson(s) for filing (Union Change in France Dry G	
	ensate
Recompletion Casinghead Gas Change in Ownership	
If change of ownership give name	Kind of Lease
and address of For	mation FeeFFI) - COIICIACO
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Form Well No. West Lindrith	Gal/Dak Ext. State.
II. DESCRIZE	Eact
113. 111	790 Feet From The
Location P 790 Feet From The South Line	and Bio Arriba
	5W NMPM, RTO ATTIE
Onit Letter 25N	in to be sent
Line of Section 33 Township COLL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent
TRANSPORTER OF OLD THE	Address (Give address to which approved copy of this form is to be sen P.O. Box 1429, Bloomfield, New Mexico 874 P.O. Box address to which approved copy of this form is to be sen
Name of Authorized Transporter of Oil A or Condensate Surface Transporter	P.O. Box 1429, Bloomfield, New Mexico of Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form the form the form is to be sen Address (Give address to which approved copy of this form the form
Tigant of Author	Address (Give address a Albuquerque, New Mex. 07)
Name of Authorized Transporter of City Conoco Inc., Surface Transporter Conoco Inc., Surface Transporter of Casinghead Gas (x) or Dry Gas	P.O. Box 1423 to which approved copy of Mey Mex. 871 P.O. Box 26400, Albuquerque, New Mex. 871 P.O. Box 26400, When
Conoco Inc., Surface Iransporter of Casinghead Gas (x) or Dry Gas Name of Authorized Transporter of Casinghead Gas (x) or Dry Gas Name of Authorized Transporter of New Mexico	Is gas actually
	NO
- It wall produces oil or liquids,	give commingling order number.
If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or poo	19 10-
If this production is commingled with the NOTE: Complete Parts IV and V on reverse side if necessary.	II OIL CONSERVATION DIVISION MAR 28 198
Complete Parts IV and V on reverse size	OIL CONSERVATION DIVISION MAR 28 198
	TO SALK T CHAV
VI. CERTIFICATE OF COMPLIANCE	APPROVED Original Signed by FRANK T. CHAY
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division had been complied with and that the information given is true and complete to the best been complied with and belief.	ot lav
I hereby certify that the fulls and that the information given is true and the	SUPERVISOR DISTRICT P
my knowledge and belief.	TITLE WITH RULE 11
my Kilomicas	This form is to be filed in compliance. This form is to be filed in compliance or a newly drilled of the second o
	Il sequest for allowants a tabulation of the

, , , , , , , , , , , , , , , , , , , ,	(Signature)
	(Title)
	(Date)

If this is a request for allowable for a newly drilled c well, this form must be accompanied by a tabulation of th tests taken on the well in accordance with RULE 111.

Form C-104

All sections of this form must be filled out completel able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for change well name or number, or transporter, or other such change Separate Forms C-104 must be filed for each pool completed wells.

Same Restv. Dill. Restv.

Plug Sack

Gravity of Condensate

Choice Size

ion – (X) X	; X	
Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-26-86	7170'	7135'
Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Gallup/Dakota	5996' - 6335'	7020' KB
		Depth Casing Shoe
		7169'
TUBING, CASING, AN	O CEMENTING RECORD	
CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24#	<u> 275 </u>	300
10.5#	7170'	1900
10.5%	/1/0	
	7170	1500
T FOR ALLOWABLE (Test must be		
T FOR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or excised top allo
T FOR ALLOWABLE (Test must be able for this a	after recovery of total volume of load lepth or be for full 24 hours)	oil and must be equal to or excised top allo
T FOR ALLOWABLE (Test must be able for this	after recovery of total volume of lood lepth or be for full 24 hours) Producing Method (Flow, pump, go	oil and must be equal to or excised top allo
T FOR ALLOWABLE (Test must be able for this to able for this to 3-19-86	after recovery of total volume of lood depth or be for full 24 hours) Producing Method (Flow, pump, go FLOWING	oil and must be equal to or excised top allies lift, etc.)
	Dute Compl. Ready to Prod. 1-26-86 Name of Producing Formation Gallup/Dakota TUBING, CASING, AN CASING & TUBING SIZE 24#	Dute Compl. Ready to Prod. 1-26-86 7170' Name of Producing Formation Gallup/Dakota TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET 24# 275'

Oil Well

Gas Well

New Well

Workover

PERFORMATION RECORD

Length of Test

Tubing Pressure (Shut-in)

IV. COMPLETION DATA

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

Dakota 6942-46; 7027-30-41-43-58-60-62-64-66-68-72-74-76-78-80-82-84-97-99 w/22 0.34" shots.

Bbls. Condensate/MMCF

Cosing Pressure (Shut-in)

Gallup 5996; 6005-15-19-23-32-50-53-70-77-81-85-89; 6101-10-23-67-73-78-85-96; 6203-14-23-31-39-91-95; 6314-19-35 w/31 .034" holes