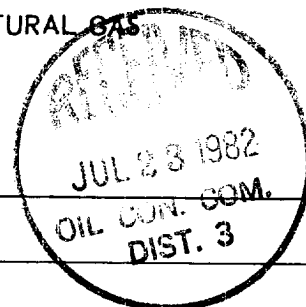


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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65



Operator Union Texas Petroleum Corporation	
Address 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) Change of Ownership to Unicon Producing Company successor to Supron Energy Corporation	

If change of ownership give name and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA "G"	Well No. 5	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. 150
Location				
Unit Letter <u>L</u> ; <u>1450</u> Feet From The <u>SOUTH</u> Line and <u>1115</u> Feet From The <u>WEST</u>				
Line of Section <u>12</u> Township <u>26 NORTH</u> Range <u>5 WEST</u> , NMPM, <u>RIO ARRIBA</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.		Address (Give address to which approved copy of this form is to be sent) Post Office Box 108, Farmington, NM 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico		Address (Give address to which approved copy of this form is to be sent) 1800 First International Bldg. Dallas, Texas 75201		
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>12</u>	Twp. <u>26N</u>	Rge. <u>5W</u>
		Is gas actually connected? YES		When <u>12/1/69</u>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded <u>6 29 69</u>	Date Compl. Ready to Prod. <u>8 9 69</u>		Total Depth <u>8422</u>		P.B.T.D. <u>8401</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7342 RKB</u>	Name of Producing Formation <u>DAKOTA</u>		Top Oil/Gas Pay <u>8308</u>		Tubing Depth <u>8323</u>			
Perforations <u>8308-8400</u>					Depth Casing Shoe <u>8421</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13-3/4</u>	<u>10-3/4</u>	<u>515</u>	<u>350 SX</u>
<u>9-7/8</u>	<u>7-5/8</u>	<u>4240</u>	<u>750 cu ft</u>
<u>6-3/4</u>	<u>5-1/2</u>	<u>4080-8421</u>	<u>700 cu ft</u>
	<u>1-1/2</u>	<u>8323</u>	

IV. 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	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. CERTIFICATE OF COMPLIANCE

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

Union Texas Petroleum Corporation

(Signature)
Vice-President

(Title)
6/11/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19

Original Signed by CHARLES GHOLSON

BY
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 deviator 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.