					/			
ſ	NO. OF COPIES RECEIVED	7			/			
}	DISTRIBUTION	1	NICEDIATION COMM	CCION	/ 	C 104		
ŀ	SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110		
Ì	FILE	- REGOLSI I	AND		Effec	tive 1-1-65		
ŀ	U.S.G.S.	AUTHORIZATION TO TRAI		ATURAL GA	٠			
	LAND OFFICE	AUTHORIZATION TO TRAI	·	ATORAL OF		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	OIL	1			089	5 000		
	TRANSPORTER GAS	-		j	or	A		
	OPERATOR	1			The last			
,	PRORATION OFFICE				<del>1111 a a</del>	1000		
	Operator			1	JUL 2 3	1982	)	
	Union Texas Petroleu	im Corporation			JIL CON	COM. /	!	
	Address 1860 Lincoln Street,	, Suite 1010, Denver, Colo	orado 80295		DIST.	,		
	Reason(s) for filing (Check proper box		Other (Please	explain)				
	New We!I	Change in Transporter of:	Al-annua T	-f- 0wn-r-sl	<del></del>		j	
	Recompletion Oil Dry Gas University Company Successed				or to			
	Change in Ownership	Casinghead Gas Condens	sate Current	- Co	<del>company</del>	<u></u>		
	DESCRIPTION OF WELL AND Lease Name JICARILLA "F"	LEASE  Well No. Pool Name, Including Fo  BLANCO MESAVE		Kind of Lease State, Federal	or Fee	e Pr	Lease No.	
		3 BEANCO MESAVE	NDL	•	1-6	1.	10/	
	Location Unit Letter A : 79	90 Feet From The NORTH Line	and 790	_ Feet From Ti	ne	EAST		
	Line of Section 27 To	wnship 26 NORTH Range	4 WEST , NMPM,	RIO	ARRIBA		County	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S Address (Give address to	o which approve	ed copy of thi	s form is to	be sent)	
	Name of Authorized Transporter of the				_			
	Plateau, Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Post Office Box 108, Farmington, NM 87401  Address (Give address to which approved copy of this form is to be sent)					
		Address (Give address to which approved copy of this form is to be sent) 1800 First International Bldg.						
	Gas Company of New N	Mexico	Dallas, Texas	75201 d? When				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. A 27 26N 4W	YES	1	1/29/75			
V.	If this production is commingled wi	ith that from any other lease or pool, a				S D!	Diff Books	
٠.		Oil Well Gas Well	New Well Workover	Deepen	Plug Back	ome Hes'v	. Diff. Res'v.	
	Designate Type of Completi	on - (X)	X	1	P.B.T.D.	! 	_!	
		10 0 10 1 10 5 1	Total Death		P. H D.			

Date Compl. Ready to Prod.

Name of Producing Formation

MESAVERDE

10 25 74

5975 <u>5826-5866</u> TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET ASING & TUBING SIZE HOLE SIZE 225 12-1/4 7-7/8 8-5/8 345 525 5-1/2 5975 1 - 1/2EUE 5536 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

Total Depth

Top Oil/Gas Pay

8160

5826

VI.	CERTIFICATE	OF	COMPL	JANCE

Date Spudded

Perforations

8-9-74

Elevations (DF, RKB, RT, GR, etc.) 7068 GR

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

7	
 Vice - President	
 6/11/82 (Title)	

(Date)

OIL	CONSERVATION	COM	MISS	1018	N
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		$\mathbf{U}$	<b>L</b> /	.7	

5975

5536 Depth Casing Shoe

Tubing Depth

	JUL 2 3 1982
APPROVED	,
Original Signed by CHARLES	GHO <b>LSON</b>
BY	

DEPUTY OIL & GAS INSPECTOR, DIST. 43 TITLE.

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