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	SANTA FE		CONSERVATION COMMISSION	Form C-104
	FILE	HEQUES!	T FOR ALLOWABLE AND	Supersedes Old C-104 and C-1 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	
	LAND OFFICE		WINDLE ON THE AND HATORAL	GAQ
	TRANSPORTER OIL			
	OPERATOR GAS	-		
	PRORATION OFFICE	-	*	31900
1.	Operator			101 53 1885
	Union Texas Petroleum Corporation			CON 3
	Address  1960 Lincoln Street Suite 1010 December 1960			
	1860 Effect, Suite 1010, Denver, Colorado 80295			
	Reason(s) for filing (Check proper bo		Other (Please explain)	
	Recompletion	Change in Transporter of:	Change of Owner	ship to
	Change in Ownership X	5.,,	ensate Unicon Producir	re Company successor to
		Conne	Supron Energy	beposet ion
	If change of ownership give name and address of previous owner	Supron Energy Corporation	on, P.O. Box 808, Farmin	octor New W
			on, 1.0. Box 808, Farilli	igton, New Mexico 87401
П.	DESCRIPTION OF WELL AND Lease Name			
	JICARILLA "G"	Well No. Pool Name, Including F 7-M RI ANCΩ MESA	ning of Eca	O Ledse No.
	Location	7-M   BLANCO MESA	VERUE State, Feder	al or Fee Fed 7 150
		Feet From The SOUTH Lin	ne and 1650	FACT
	Unit Letter;;	Feet From TheLin	ne and Feet From	The EAST
	Line of Section 11	ownship 26 NORTH Range 5	WEST , NMPM, RIO	ARRIBA
		, , , , , , , , , , , , , , , , , , ,	, NMFM, NI	County County
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	-
	Name of Authorized Transporter of Oi	or Condensate X	Address (Give address to which appro	oved copy of this form is to be sent)
ļ	Plateau, Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas (X)		Post Office Box 108, Farmington, NM 87401	
ĺ			Address (Give address to which appro	oved copy of this form is to be sent) nal Bldg.
-	Gas Company of New 1	Mexico Unit Sec. Twp. Rge.	Dallas, Texas 75201	nen
ı	If well produces oil or liquids, give location of tanks.	0 11 26N 5W	- }	9/25/80
<u>.</u>	f this production is commingled wi		······································	2, 23, 66
v. j	f this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA			
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
-			XX	
	Date Spudded 8 21 79	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
}	Elevations (DF, RKB, RT, GR, etc.)	7 14 80  Name of Producing Formation	8300	8230
	7218	MESAVERDE	Top Oil/Gas Pay	Tubing Depth
-	Perforations	TIESTVERDE	5474	5854 Depth Casing Shoe
l		5474-6171		8247
		TUBING, CASING, AND	D CEMENTING RECORD	
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-	13-3/4	10-3/4 32.75#	326	250
-	9-7/8 6-3/4	7-5/8 26.4# 5-1/2 15.5#	4130	200
-	0-37.4	5-1/2 15.5#	8247	575
v	TEST DATA AND REQUEST F	OR ALLOWARIE (Tast must be a	fter recovery of secolar base of the 2-11	
	OIL WELL		pth or be for full 24 hours)	and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Mathod (Flow, pump, gas li	ft, etc.)
-				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
-	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF
	• • • • • • • • • • • • • • • • • • • •		nater - Bars,	Gd8-MCF
'-			1	
	GAS WELL			~_
Γ	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
ـا د ا	ERTIFICATE OF COMPLIANO	OF.		
1. (	ERTIFICATE OF COMPLIANC	JE.	OIL CONSERVA	TION COMMISSION
I	hereby certify that the rules and r	egulations of the Oil Conservation	OIL CONSERVATION COMMISSION  JUL 2 3 1982  BY Original Signed by CHARLES GHOLSON  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	
С	ommission have been complied w	vith and that the information given best of my knowledge and belief.		
-		=		
	Union Texas Petroleu	m corporation		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	Vice - President		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 allow-	
6/11/82 (Date)			able 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.	
<u> </u>			completed wells.	