

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**
Union Texas Petroleum Corporation

Address
P.O. Box 1290, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	

Other (Please explain)
DEC 06 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla G	Well No. 8E	Pool Name, including Formation Basin DK; BS Mesa Gallup	Kind of Lease Federal	Lease No. Contract No. 150
Location Unit Letter <u>I</u> : <u>1710</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>26N</u> Range <u>5W</u> , 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"/> Gary Energy (CORP)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489 Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400 Albuquerque, NM 87125
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>2</u> Twp. <u>26N</u> Rge. <u>5W</u>	Is gas actually connected? <u>No</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: R-7539

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 and Environmental Analyst
(Title)
December 5, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 6 1984, 19 _____
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 Resv.	Diff. Resv.
			X	X					
Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
8/5/84	9/5/84	7930 KB		7883 KB					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
6731 GR; 6743 KB	Dakota/Gallup	7631/6626		7780 KB					
Perforations	Depth Casing Shoe								
7818-7631(gross)Dakota; 7575-7470(gross)Greenhorn;7213-6626(gross)Gallup				7910' KB					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2" 0-300'		13-3/8" 48#		0-285'		460 cf.			
9-7/8" 300-5952'		5-1/2" 15.5#		0-7373'		36116 cf (3 stages)			
7-7/8" 5952-TD		5-1/2" 17#		7373-7910'					
		2-3/8 tubing		7780					

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)

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/MCF	Gravity of Condensate
2468/ 24 hr.	3 hours	0	0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1812	1867	3/4"