

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
OCT 11 1988
OIL CON. DIV.
DIST. 3

I.

Operator: Union Texas Petroleum

Address: 375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box):

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla H</u>	Well No. <u>13</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Fed Jic Con 103</u>	Lease No.
Location				
Unit Letter <u>C</u>	<u>830</u> Feet From The <u>North</u> Line and <u>1620</u> Feet From The <u>West</u>			
Line of Section <u>20</u>	Township <u>26N</u>	Range <u>4W</u>	NMPM, <u>Rio Arriba</u>	Count:

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Giant Refining Company</u>	<u>P. O. Box 256, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Gas Company of New Mexico</u>	<u>P. O. Box 1899, Bloomfield, NM 87413</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>C</u> <u>20</u> <u>26</u> <u>4</u> <u>No</u>

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

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)
Permit Coordinator
October 3, 1988
(Date)

OIL CONSERVATION DIVISION
OCT 11 1988
APPROVED _____, 19____
BY _____
TITLE SUPERVISION DISTRICT #3

This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper 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 all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.

IV. COMPLETION DATA

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X	X					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
5/31/88	8/22/88			7690 KB			7675 KB		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6682 GL, 6694 KB	Dakota			7551			7605		
Perforations							Depth Casing Shoe		
Dakota 7551'-7659' gross							7690 KB (liner)		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	9-5/8	353 KB	220 sx (260 cu ft.)
8-3/4	7	3774 KB	380 sx (921 cu ft.)
6-1/4	4-1/2	3557-7690	560 sx (880 cu ft.)

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/MMCF	Gravity of Condensate
992	24	Tr	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	631	616	3/4

*Commingled: Production allocation to follow