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	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1		
	SANTA FE			Form C-104 Supersedes Old C-104 and C-1
	FILE	. KEGOEST	AND	Effective 1-1-65
	u.s.g.s.	ALITHOPIZATION TO TRA	ANSPORT OIL AND NATURAL	CAS
	LAND OFFICE	AOTHORIZATION TO TRA	AND ON TOTE AND NATURAL	GAS
	TRANSPORTER GAS			OFT FIVE
	OPERATOR	-		\KLULIVED\
_	PROBATION OFFICE	-		
I.	Operator JUL 2 3 1982			
	Union Texas Petroleu	um Corporation		OIL CON. COM.
		, Suite 1010, Denver, Col	lorado 80295	DIST. 3
	Reason(s) for filing (Check proper box	)	Other (Please explain)	
į	New Well	Change in Transporter of:	Change of Owner	ship to
	Recompletion	Oil Dry Go	us Unicon Producing	- Company cucceser to
	Change in Ownership X	Casinghead Gas Conde	nsate Gupmon Frangy Co	orporation
	If change of ownership give name cand address of previous owner	Supron Energy Corporation	n, P. O. Box 808, Farmin	ngton, New Mexico 87401
	DESCRIPTION OF WELL AND			
i	Lease Name	Well No. Pool Name, Including F		
	Newsom B	4 Ballard Pict	ured Cliffs State, Feder	ral or Fee Federal SF-07838
		70 Feet From The South Lin	ne and 770 Feet From	<sub>a The</sub> West
			8 West , NMPM, San	Turan
l	Line of Section 15	wiship 20 NOTEH Adage	o west , NMPM, Dan	Juan County
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)
1				
Ī	Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent) 1800 First International Building Dallas, Texas 75201	
}	If well produces oil or liquids,	Unit   Sec.   Twp.   P.ge.		hen
	give location of tanks.	M 15 26N 8W	Yes	03-05-56
	f this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Besty Diff Besty			
	Designate Type of Completion		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
}	10-21-55 Elevations (DF, RKB, RT, GR, etc.)	11-29-55 Name of Producing Formation	2500 Top Oil/Gas Pay	Tubing Depth
				Tubing Depth
-	6619 GR	Pictured Cliffs	2442'	Dooth Contra Shan
				Depth Casing Shoe
- }	2424' to 2485'	TIDING CACING AND	A STATE ASSESSMENT OF THE STATE	2442'
-			CEMENTING RECORD	T
-	HOLE SIZE	CASING & TUBING SIZE 9 5/8"	DEPTH SET	SACKS CEMENT
}	12 1/4"	5 1/2"	<del></del>	70 Sx
}	7 7/8"	3 1/2	2463'	100 Sx
-				
	EST 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)			
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
-	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
ا				
	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
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
			OIL CONSERVATION COMMISSION JUL 2 3 1982	
	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.		Original Signed by FRANK T. CHAVEZ	

Union Texas Petroleum Corporation

(Signature)

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.

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.

SUPERVISOR DISTRICT # 3

TITLE 1

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.