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	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form 0-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C
	FILE		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (245
	LAND OFFICE	NOTHORIZATION TO TRA	AND ON TOLL AND NATURAL (JA3
	TRANSPORTER OIL GAS	1		
	OPERATOR	1		
1	PROBATION OFFICE	1		Str was
1.	Operator			
	Union Texas Petroleum Corporation Address			
	1860 Lincoln Street, Suite 1010, Denver, Colorado 80295			
	Reason(s) for filing (Check proper box		Other (Please explain)	
	New Well	Change in Transporter of:	Change of Owners	chin to
	Recompletion	Oil Dry Go		Company Suggession to
				, company
	Change in Ownership X	Casinghead Gas Conde	nsate Supron Energy Co	rporation
	If change of ownership give name and address of previous owner	Supron Energy Corporation	on, P. O. Box 808, Farmin	ngton, New Mexico 87401
II.	DESCRIPTION OF WELL AND			
	Lease Name	Well No. Pool Name, Including F		
	Starr	4 Blanco Mesa	verde State, Federa	or Fee Federal SF078962
	Location	_		
	Unit Letter H; 170	OO Feet From The North Lin	ne and 1000 Feet From 7	The East
	Line of Section 6 Tov	wnship 26 North Range	8 West , NMPM, Sa	n Juan County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	\S	
	Name of Authorized Transporter of Oil	or Condensate 🛣	Address (Give address to which approx	ved copy of this form is to be sent)
	Plateau, Inc.		Post Office Boy 108 Fa	ermington NM 97401
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Post Office Box 108, Fa	ved copy of this form is to be sent!
	Fil Base National Cas Ca		Post Office Box 1492, El Paso, TX 79978	
	El Paso Natural Gas	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	
	If well produces oil or liquids,			
	give location of tanks.	<u>н 6 26N 8W</u>	Yes	12-01-80
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA			
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest
	Designate Type of Completion	M = (X)	1 1	1 1 1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	11-24-79	09-12-80	4650'	4604 '
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	6178' RKB	Mesaverde	4241'	4508'
	Perforations			Depth Casing Shoe
	4241-4571'	•		4645'
	4241 4371	TURING CASING AND	D CEMENTING DECORD	1
		T	D CEMENTING RECORD	1
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9 7/8"	7 5/8" 26.40#	274 '	200
	6 3/4"	4½" 9.50#	4645'	880 (2 stages)
		2 1/16" IJ 3.25#	4508'	<u> </u>
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allo
٠.	OIL WELL	able for this de	epth or be for full 24 hours)	ind made of equation of except top disc
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Length of reat	. abing . restate	Canny 1 1000 a C	0
	And all Basis Basis Train	OO Bhi	Water-Bbls.	Gas-MCF
	Actual Prod. During Test	Oil-Bbls.	muter - DDIS.	Gus - MCF
		<u> </u>		
				~
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			<u> </u>	1
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

(Title)

(Date)

Union Texas Petroleum Corporation

Vice-President

6-11-82

County

274	200			
4645'	880 (2 stages)			
4508 '				
recovery of total volume of load oil a or be for full 24 hours)	nd must be equal to or exceed top allo			
roducing Method ($Flow$, $pump$, gas $lift$, etc.)			
daing Pressure	Choke Size			
ater-Bbls.	Gas-MCF			
	~_			
bls. Condensate/MMCF	Gravity of Condensate			
using Pressure (Shut-in)	Choke Size			
OIL CONSERVATION COMMISSION APPROVED JUL 23 1982				
Crisinal Signed by Jeff Edmister				
TITLE DEPUTY OIL & GAS INSPECTOR, DIST.				
This form is to be filed in c				
If this is a request for allow	able for a newly drilled or deepensied by a tabulation of the deviation			
All sections of this form mus able on new and recompleted wel	t be filled out completely for allouis.			
Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition				
Separate Forms C-104 must be filed for each pool in multip- completed wells.				