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	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
	SANTA FE		T FOR ALLOWABLE	Supersedes Old C-104 and C-
	U.S.G.S.		AND	Effective 1-1-65
	LAND OFFICE	AUTHORIZATION TO TE	RANSPORT OIL AND NATUR	RAL GAS
	1011			OFILE
	TRANSPORTER GAS			ZEL HIVEN
	OPERATOR			\K[lliarn /
1.	PRORATION OFFICE			2,1003
••	Operator			JUL 2 3 1982
	Union Texas Petroleum Corporation OIL CON. COM.			
	DIST. 3			
	1860 Lincoln Stree	t, Suite 1010, Denver, Co	olorado 80295	DIST
	Reason(s) for filing (Check proper b	ox)	Other (Please explain	,
	New We!1	Change in Transporter of:	Change of Ow	nership to
	Recompletion	Oil Dry (cing Company successor to
	Change in Ownership X	Casinghead Gas Cond	ensate Supron Energ	y Corporatio n
	If change of ownership give name and address of previous owner	Supron Energy Corporati	on, P. O. Box 808, Fa	rmington, New Mexico 87401
11.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including	Formation Kind of	Lease No.
	Newsom "A"	7-E Basin Dakot	State, F	ederal or Fee Fed SF078430
	Location			
	Unit Letter B ; 60	Feet From The North Li	ine and 1705	From The East
	Line of Section 10 T	ownship 26N Range 8V	N, NMPM, San	Juan County
**	DECIGNATION OF TRANSPORT			
11.	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G.		
		or condensate [.]		approved copy of this form is to be sent)
	Plateau, Inc. Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Post Office Box 108	, Farmington, NM 87401
ı			•	approved copy of this form is to be sent)
	El Paso Natural Gas	Unit Sec. Twp. Rge.		2, El Paso, TX 79978
	If well produces oil or liquids, give location of tanks.		Is gas actually connected?	When
ı		B 10 26N 8W	Yes	5/18/81
v 1	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
۱.		Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v.
Ì	Designate Type of Complet	ion – (X)		bank ites (Bill Mes. v.
ľ	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	11/5/80	3/13/81	7490	7449
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	6903	Dakota	7214	7155
Ī	Perforations		, = 1	Depth Casing Shoe
L				7481
		TUBING, CASING, AN	D CEMENTING RECORD	7401
L	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 1/4"	8_5/8"	338	150
	7 7/8"	5 1/2"	7481	1906
_		1.1/2"	7155	
L		1		
	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)			
_	OIL WELL	able for this de	epth or be for full 24 hours)	
1	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	is lift, etc.)
-	Length of Test	Tuhing Pressure	600	
	Condui or 1 asr	Tubing Pressure	Coming Pressure	Choke Size
-	Actual Prod. During Test	Oil-Bbis.	Water-Bhi-	- 10 10
	manual road During rest	- DD15.	Water - Bbls.	Gas-MCF
I_				
	GAS WELL			~
r	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Complete of Conde
			Sole: Condensate/MMCF	Gravity of Condensate
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Challes
		(Shut-IA)	Costny Pressure (DRUC-1R)	Choke Size
L	PERTIFICATE OF CO.	GE.		
ι. (CERTIFICATE OF COMPLIAN	UE.	OIL CONSER	RVATION COMMISSION
_			ARREOVED IIII O	
C	commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED JUL 2 9	1982
а	bove is true and complete to the	best of my knowledge and belief.	BY Original Signed by FRA	NK T. CHAVEZ
			11	_

Union Texas Petroleum Corporation

(Signature) Vice-President

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This form is to be filed in compliance with RULE 1104.

SUPERVISOR DISTRICT # 3

TITLE.

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.

and C-110

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.