STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE	OM .		
SANTA PE			
FILE			
U.3.Q.5,			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		\Box	
PROBATION OF	ICE		

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 MAR 191986

OPERATOR A	OIL CON. DIV.
Operator UNION TEXAS PETROLEUM	
Address 375 US Hwy 64, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
I recompletion	Change from Ballard PC Pool to y Gas SBlanco PC Pool R - 7046
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Newsom "A" Well No. Pool Name, including Fo	
Newsom "A" 24 S.Blanco Pictur	ed C11113 1 Lb - 31 07043
	e and 830 Feet From The East
	West , NMPM, San Juan County
Name of Authorized Transporter of Casinghedd Gas or Dry Gas Gas Company of New Mexico If well produces oil or liquids, Unit Sec. Twp. Rge. If well produces oil or liquids, I 4 26N 8W	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, New Mexico 87125 Is gas actually connected? When YES 6/24/81
If this production is commingled with that from any other lease or pool,	<u> </u>
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	APPROVED
	TITLE
(Signature)	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.
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.
(Date)	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.

Designate Type of Comple	tion - (X) Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Rest	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
4/1/81	5/7/81	3180' 3137'		
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay Tubing Depth		
6886' GR	Pictured Cliffs	2826'	3166'	
Perforations 2825, 28,30,32,34,36,38,40,42,46,54,58			Depth Casing Shoe 3150 t	
	TUBING, CASING, AI	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 ¼"	8-5/8"	198' 200 CL. B		
7 7/8"	2-7/8"	3167'	925 50-50 poz	
T. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load lepth or be for full 24 hours)	oil and must be equal to or exceed top all	
OIL WELL	T FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, gas	oil and must be equal to or exceed top alless lift, etc.)	
7. TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tanks Length of Teet	able for this	Producing Method (Flow, pump, gas Casing Pressure		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas Casing Pressure	Choke Size	
OIL WELL Date First New Oil Run To Tanks Length of Teet Actual Prod. During Teet	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas Casing Pressure	Choke Size	
OIL WELL Date First New Oil Run To Tanks ength of Test	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas Casing Pressure	Choke Size	