1	NO. OF COPIES REC	EIVED									/
	DISTRIBUTION	ON		NEW MEXICO OIL CONSERVATION COMMISSION					For	rm C-1.04	
	SANTA FE FILE U.S.G.S.			REQUEST FOR ALLOWABLE					Suj	Supersedes Old C-104 and C-110	
				AND						fective 1-1-6	35
				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE										
	TRANSPORTER	OIL								TRA	
		GAS								1 MVI	-11-
	OPERATOR								/ NI	THE A	rd /
1	PRORATION OFFICE										
•.	Operator		· · · · · ·						l Jl	JL 2319	382
	Union Tex	as Peti	coleum C	orpora	tion				- Loui	CON. C	OM.
Address 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295 Reason(s) for filing (Check proper box) New We!l Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership X Casinghead Gas Condensate Condensate					OIL	DIST. 3	3				
					٠.١٥١٠						
				eurces	son to						
				*							
	If change of owners and address of president DESCRIPTION Of Lease Name	V1011 0		SE		poration	r, P. O. Box 80	08, Farm		w Mexic	Lease No.
				14	;		ured Cliffs	State, Fed	ieral or Fee Fe	deral	SF-078430
	Newso	m A		14	narr	aru IICL	ULCU OTITES				
Unit Letter E; 1520 Feet From The North Line and 1120 Feet From					st						
	Line of Section	10	Township	26	North	Flange	8 West , NMI	РМ,	San Juan		County
III.	DESIGNATION C	F TRAN	SPORTER of Oil	OF OIL	AND NA	TURAL GA	Address (Give addres	s to which ap	proved copy of t	his form is	to be sent)
				\ O	=	0 15	Address (Cine odd	e to which an	proved copy of t	his form is	to be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Gas Company of New Mexico			Address (Give address to which approved copy of this form is to be sent) 1800 First International Building Dallas, Texas 75201							
	If well produces cil		17-4	Sec	. Twp.	P.ge.	Is gas actually conne	cted?	When		

23 1982 ON. COM. DIST. 3 Mexico 87401 Lease No. SF-078430 eral County form is to be sent) form is to be sent) 01-20-82 10 26N 8W В ; If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Gas Well New Well Workover Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Date Spudded 3068' 3100' 09-03-81 08-09-81 Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 30841 29281 Pictured Cliffs 6998' GR Depth Casing Shoe Perforations 36, 48, 50, 52, 54, 56, 58

TUBING, CASING, AND CEMENTING RECORD 30, 2928, SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 12 1/4" 200 Sx Class B 8 5/8" 205' 2 7/8" 925 Sx 50/50 Poz 3084 7 7/8" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Choke Size Tubing Pressure Gas - MCF Water - Bbis. Oil-Bbls. Gravity of Condensate Bbla. Condensate/MMCF Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in)

Date First New Oil Run To Tanks Length of Test Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)

	L		
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.

	Union Texa:	s Petroleum Corporat	lon
	•	<i>C</i> .	
		/	
(Signature) Vice - President			
		6/10/82	

(Date)

OIL CONSERVATION COMMISSION

	ROVED JUL 2 3 198	
BY	Original Signed by FRANK T. CHAVE	
	SUPERVISOR DISTRICT # 3	

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

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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.