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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

3129/14
4-17-84
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MAR 21 1984

Operator Union Texas Petroleum Corporation		OIL CON. DIV. DIST. 3	
Address P. O. Box 1290, Farmington, New Mexico 87499			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	To correct perforations on the C-104 originally submitted	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			
If change of ownership give name and address of previous owner			

Lease Name Newsom "B"		Well No. 7-E	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 078384
Location Unit Letter <u>K</u> ; <u>1750</u> Feet From The <u>South</u> Line and <u>1810</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>26N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1290, Farmington, N.M. 87499			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 8	Twp. 26N	Rge. 8W	Is gas actually connected? When No

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11/11/83	Date Compl. Ready to Prod. 1/11/84	Total Depth 6823		P.B.T.D. 6710					
Elevation (T.A.B., RT, CR, etc.) 6362 R.K.B.	Name of Producing Formation Gallup	Top Oil/Gas Pay 5634		Tubing Depth 6422					
Perforations 5634 - 6430 (55 holes)				Depth Casing Shoe 6823					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13-3/4"	9-5/8", 36.00#		355		413 cu. ft.				
8-3/4"	7", 26.00# & 23.00#		6823		2384 cu. ft. (3 stages)				
	2-3/8", E.U.E., 4.70#		6422						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)			
Date First New Oil Run To Tanks 2/5/84	Date of Test 2/6/84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 771	Casing Pressure 983	Choke Size 1"
Actual Prod. During Test 77 bbls.	Oil-Bbls. 77	Water-Bbls. 13	Gas-MCF 951

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pt.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAR 21 1984	
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.		APPROVED _____, 19____	
Kenneth E. Roddy (Signature) Area Production Superintendent March 16, 1984 (Date)		BY _____ Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 TITLE _____	
		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. 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.	