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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**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

3012/10 6-22-84
OIL CON. DIV. DIST. 3

I. Operator
Union Texas Petroleum Corporation

Address
P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	To furnish production data on tests. Well began producing gas into pipeline on 4/16/84.
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Starr	Well No. 5	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 078962
Location Unit Letter D ; 574 Feet From The North Line and 417 Feet From The West Line of Section 5 Township 26N Range 8W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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 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 D Sec. 5 Twp. 26N Rge. 8W	Is gas actually connected? Yes When 4/14/84

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			XX					
Date Spudded 7/21/83	Date Compl. Ready to Prod. 8/10/83	Total Depth 6164	P.B.T.D. 6118					
Elevations (DF, RKB, RT, GR, etc.) 6177 R.K.B.	Name of Producing Formation Gallup	Top Oil/Gas Pay 5439	Tubing Depth 5975					
Perforations 5439 - 6044	Depth Casing Shoe 6164							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8", 24.00#, K-55	325	236 cu. ft.					
7-7/8"	5-1/2", 15.50#, J-55	6164	4086 cu. ft. (2 stages)					
	2-3/8", 4.70#, K-55	5975						

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 4/16/84	Date of Test 4/29/84	Producing Method (Flow pump, gas lift, etc.) Flowing
Length of Test 24 hours	Tubing Pressure 212	Casing Pressure 212
Actual Prod. During Test 7 bbl. of oil	Oil-Bbls. 7	Water-Bbls. 2
		Choke Size 1"
		Gas-MCF 657

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent

5/3/84
(Date)

OIL CONSERVATION COMMISSION
5-11-84
APPROVED **MAY 11 1984**, 19____
Original Signed by **FRANK T. CHAVEZ**
BY _____
TITLE **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 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.