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U.\$.G.\$.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE		T	

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Union Texas Petroleum Addres: P. O. Box 1290, Farmi Reason(s) for filing (Check proper box)	REQUEST F AUTHORIZATION TO TRAN Corporation ngton, New Mexico 87499	Other (Please explain)	· .
	New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens EASE Well No. Pool Name, Including For	sate	
11.	Newsom "A" Location Unit Letter L 172	16 Undesignated G 5 Feet From The South Line nship 26N Range	State, Federal and 990 BW NMPM, San	he West Juan - County
	Name of Authorized Transporter of Oil Plateau, Inc. Name or Nutriced Transporter of Cas Transporter of Cas Transporter of Cas If well produces oil or liquids, give location of tanks.	or Condensate Africa Gas X or Dry Gas — Ompure Condensate Unit Sec. Twp. Fige. L 10 26N 8W h that from any other lease or pool, a	P. O. Box 489, Bloomfi Address (Give address to which approve P. O. Box 999, Farming Is gas actually connected? No	eld, N.M. 87413 ed copy of this form is to be sent) ton, N.M. 87499
IV.	Designate Type of Completion Date Spudded 8/28/83 Elevations (DF, RKB, RT, GR, etc.) 6942 R.K.B.	Oil Well Gas Well	New Well Workover Deepen XX Total Depth 7135 Top Oil/Gas Pay 6179	P.B.T.D. 7093 Tubing Cepth 7030 Depth Casing Shoe
	6179 - 7018 HOLE SIZE 12-1/4" 7-7/8"	TUBING, CASING, AND CASING & TUBING SIZE 8-5/8", 24.00#, K-55 4-1/2", 11.60#, K-55 2-3/8", 4.70#, J-55	CEMENTING RECORD DEPTH SET 324 7135 7030	7135 SACKS CEMENT 277 CU. ft. 2109 CU. ft. (2 stages)
V.	TEST DATA AND REQUEST FOOL WELL Date First New Oil Run To Tanks Length of Tust Actual Proc. During Test	OR ALLOWABLE (Test must be af able for this deposition of Test Tubing Pressure Out-Bbis.	fter recovery of total volume of load oil of pth or be for full 24 hours) Producing Method (Flow, pump, gas lif Casing Pressle L. Water-Belde L. MAR 2 8 1984	f, etc.) Schullie
	GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pt.)	Length of Test Tubing Pressure (Shut-in)	DIL CON. D Bhis. Condensate (MMC PIST. 3 Cosing 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 (Signature) Area Production Superintendent (Title, 3/28/84		Original Signed by FRANK I. (HAVEZ Driginal Signed by FRANK I. (HAVEZ 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 filled for each pool in multiply completed wells.		