STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

APR 01 1988

OIL CON. DIV.
DIST. 3

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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator: **Union Texas Petroleum**

Address: **375 US Highway 64, Farmington, NM 87401**

Reason(s) for filing (Check proper box)

[X] New Well
[ ] Recompletion
[ ] Change in Ownership

Change in Transporter of:
[ ] Oil
[ ] Casinghead Gas
[ ] Dry Gas
[ ] Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease N
Starr	3M	Blanco Mesaverde	Fed SF-078962	

Location

Unit Letter **E** : **2280** Feet From The **North** Line and **1180** Feet From The **West**

Line of Section **5** Township **26N** Range **8W** , NMPM, **San Juan** Coun

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]

Giant Refining

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 256, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 990, Farmington, NM 87499

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	E	5	26N	8W	No	

If this production is commingled with that from any other lease or pool, give commingling order number: **DHC-681**

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

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.

Robert C. Frank
(Signature)

Permit Coordinator
(Title)

March 28, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 0 1 1988**

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 deep well, this form must be accompanied by a tabulation of the devi tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condi

Separate Forms C-104 must be filed for each pool in mul completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/09/87	8/07/87	6862	~~6735 BP~~ 6817

Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6342 BL/6357 KB	Mesaverde	4445	4708

Perforations	Depth Casing Shoe
Mesaverde 4445-4762	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	10-3/4	359	355 sx (419 cu.ft.)
9-7/8	7-5/8	2475	385 sx (936 cu.ft.)
6-3/4	5-1/2	~~2286-6846~~ 6848	425 sx (667 cu.ft.)
	1.66	4708	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
715	3 hrs	0	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	640	800	3/4