

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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APR 01 1988

**OIL CON. DIV.
DIST. 3**

I. Operator Union Texas Petroleum
Address 375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)
☒ 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 <u>Starr</u>	Well No. <u>3M</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Fed SF-078962</u>	Lease No.
Location Unit Letter <u>E</u> : <u>2280</u> Feet From The <u>North</u> Line and <u>1180</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>26N</u> Range <u>8W</u> NMPM. <u>San Juan</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Giant Refining</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 256, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>5</u> Twp. <u>26N</u> Rge. <u>8W</u> Is gas actually connected? <u>NO</u> When

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

March 28, 1988

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 01 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 device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all 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 mult completed wells.

IV. COMPLETION DATA

WELL COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
			X	X					
Date Spudded 6/09/87	Date Compl. Ready to Prod. 8/07/87			Total Depth 6862			P.B.T.D. 6735 BP 6817		
Elevations (DF, RKB, RT, GR, etc.), 6342 GL/6357 KB	Name of Producing Formation Dakota			Top Oil/Gas Pay 6550			Tubing Depth 6723		
Perforations Dakota 6550-6716							Depth Casing Shoe		

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.)
	1.9	6723	

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)

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 711	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 942	Casing Pressure (Shut-in) Packer	Choke Size 3/4