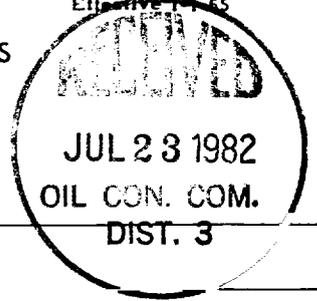


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-1
Effective 1-65



I. Operator
Union Texas Petroleum Corporation
Address
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
~~Change of Ownership to~~
~~Unicon Producing Company Successor to~~
~~Supron Energy Corporation~~

If change of ownership give name and address of previous owner Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>RICHARDSON</u>	Well No. <u>2</u>	Pool Name, including Formation <u>BASIN DAKOTA</u>	Kind of Lease State, Federal or Fee <u>FED</u>	SF	Lease No. <u>077972</u>
Location Unit Letter <u>P</u> ; <u>890</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line of Section <u>11</u> Township <u>27NORTH</u> Range <u>13 WEST</u> , NMPM, <u>SAN JUAN</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Post Office Box 108, Farmington, NM 87401</u>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Post Office Box 1492, El Paso, TX 79978</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>11</u>	Twp. <u>27N</u>	Rge. <u>13W</u>	Is gas actually connected? When <u>YES</u> <u>01/02/64</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		XX	XX					
Date Spudded <u>08/14/63</u>	Date Compl. Ready to Prod. <u>08/27/63</u>	Total Depth <u>6175</u>		P.B.T.D. <u>6139</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5884 RKB</u>	Name of Producing Formation <u>DAKOTA</u>	Top Oil/Gas Pay <u>5924</u>		Tubing Depth <u>6026</u>				
Perforations <u>5924-28, 5933-38, 5954-60, 5967-72, 5974-6002, 6072-6104</u>					Depth Casing Shoe <u>6168</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
	<u>8-5/8"</u>	<u>296</u>		<u>200</u>				
	<u>4-1/2"</u>	<u>6158</u>		<u>1645 cu ft</u>				
	<u>2"</u>	<u>6016</u>						

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	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
Testing Method (pitot, 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.

Union Texas Petroleum Corporation

(Signature)

Vice-President

(Title)

6/19/82

(Date)

OIL CONSERVATION COMMISSION

JUL 23 1982

APPROVED _____, 19____

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 deviatice 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 multiple completed wells.