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SANTA FE				
FILE		<u> </u>		
u.s.g.s.		<u> </u>		
LAND OFFICE				
TRANSPORTER	OIL			
	G A S	<u> </u>		
OPERATOR				
PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

t	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C Effective 1-1-65			
Ī	FILE		AND				
}	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	13			
ŀ	OIL						
	TRANSPORTER GAS			The state of the s			
	OPERATOR						
ı.	PRORATION OFFICE Operator						
	Union Texas Petroleum	Corporation		JU a same			
	Address	Git 1010 Person Cole	mado, 80225	2. (1) (1) (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
	Reason(s) for filing (Check proper box)	1860 Lincoln Street, Suite 1010, Denver, Colo					
	New Well	Change in Transporter of:	Change of Owner's	hip-to			
	Recompletion	Oil Dry Gas	Unicon Producing	Company sedecement to			
	Change in Ownership X	Casinghead Gas Condens	ate Supron Energy Co				
	If change of ownership give name Su	pron Energy Corporation	P. O. Box 808, Farming	ton, New Mexico 87401			
	and address of previous owner						
II.	DESCRIPTION OF WELL AND L	EASE	rmation Kind of Lease	Lease No.			
	Lease Name	Well No. Fool Name, Including For 1-R AZTEC PICTURED	CLIFFS State, Federal	or Fee STATE E-9053			
	WRIGHT COM						
	Unit Letter M; 790	Feet From The SOUTH Line	and 1190 Feet From T	he WEST			
	Unit Letter		IL MA2	JAN County			
	Line of Section 16 Town	nship 28 NORTH Range 9	WEST , NMPM,	Codiny			
***	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GAS	S				
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)			
	1		Circulture to which approx	ned copy of this form is to be sent)			
	Name of Authorized Transporter of Cas.		Address (Give address to which approved copy of this form is to be sent) First International Building				
	Southern Union Gather	Unit Sec. Twp. Rge.	Dallas, Texas 75201 Is gas actually connected? Whe	"5/16/80			
	If well produces oil or liquids, give location of tanks.	M 16 28N 9 W	YES				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res			
	Designate Type of Completio	$n - (X)$ $\chi \chi$	XX				
	Date Spudded	Date Compl. Ready to Picd.	Total Depth	P.B.T.D.			
	08/07/79 Elevations (DF, RKB, RT, GR, etc.)	09/17/79	7642 Top Oil/Gas Pay	Z581 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.) 6282 RKB	PICTURED CLIFFS	2546	No Tubing			
	Perforations			Depth Casing Shoe			
	2546-2576			2612			
			CEMENTING RECORD	SACKS CEMENT			
	9-7/8	CASING & TUBING SIZE	208	140			
	6-3/4	7-5/8 20.0#	2612	175			
			to a second second values of land ail	and must be equal to or exceed top all			
V	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load all and must be equal to or exceed top a able 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 is	ift, etc.)			
		Tubing Pressure	Cosing Pressure	Choke Size			
	Length of Test	I toing Planeme		·			
	Actual Prod. During Test	Oil-Bbls.	Woter-Bbis.	Gas-MCF			
			·				
				`-			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Action 1 to 1						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut:-in)	Casing Pressure (Shut-in)	Choke Size			
			OU CONSERV	ATION COMMISSION			
V	I. CERTIFICATE OF COMPLIAN	ICE	JUL 9.9.1002				
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED Signed by	OIL CONSERVATION COMMISSION JUL 2 3 1982 Original Signed by FRANK T. HAVEZ Original Signed by FRANK T. HAVEZ			
	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		BY				
			TITLESUPERVISOR DISTRICT # 3				
(Signature)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.					
					Vice - President		
	6/11/82				well name or number, or transporter, or other back change		
	(1	·-·•/	Separate Forms C-104 mi	ist be filed for each pool in mul-			
			to completed wells				