ſ	NO. OF COPIES RECEIVED	1 (.	1	
· }	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		
1				Form C-104
- 1	SANTA FE	REQUEST	FOR ALLOWABLE /	Supersedes Old C-104 and C Effective 1-1-65
	FILE		AND	
- 1	u.s.g.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	. GAS
	LAND OFFICE			
- 1	TRANSPORTER OIL			
	GAS			- VIII 34 6 7 3
	OPERATOR			
	PROPATION OFFICE	1	77.77	Ob. Ob.
•	Operator			200 / 3
	Union Texas Petroleu	m Corporation		Not the second
	Address			
	1860 Lincoln Street, Suite 1010, Denver, Colorado 80295			
			····	
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:	Change of Owne	-
	Recompletion	OII Dry Gas	s <u> </u>	ng Company successor to
	Change in Ownership X	Casinghead Gas Conden	sate Bupron Energy	Corporation
	If change of ownership give name S and address of previous owner	upron Energy Corporation	, P. O. Box 808, Farmi	ngton, New Mexico 87401
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Le	
	Angel Peak	8 Fulcher Kutz P	Pictured Cliffs State, Fede	eral or Fee Fed SF 047017A
	Location			
	*000)South	1980	West
	Unit Letter K 1980	Feet From TheLine	e and Feet Fro	m The
		20x1 1	11W San	Juan
	Line of Section 13 Tow	$_{\text{vnship}}$ 28N $_{\text{Range}}$ I	, NMPM,	County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Address (Give address to which app	proved copy of this form is to be sent)
	First International Building			
	Southern Union Gathe		Dallas, Texas 75201 Is gas actually connected?	When
	If well produces oil or liquids,		Yes	December, 1939
	give location of tanks.	K 13 28N 11W	100	
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA			
	D : T - I Cletic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
	Designate Type of Completion	$\operatorname{on} - (X)$	1 1	1 1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	6/3/39	11/16/39	1955	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
		Fulcher Kutz PC	1888	
	5841'DK	Fulcher Rutz 10	1 1000	Depth Casing Shoe
	Perforations			1875'
	No Peris			
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		13"	381	13
		5"	1875	550
		1		
		1:		
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 at able for this depth or be for full 24 hours)			
	Oll WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift. etc.)
	Date First New Oil Run 16 Idnes	Date of 1001		
				Chaha Stra
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		·		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF
		•		
	I	<u> </u>	<u> </u>	75-
	GAS WELL	T	Phia Condesses AMCE	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity or Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		CE	OIL CONSER	VATION COMMISSION
VI.	CERTIFICATE OF COMPLIAN	UE	UIL CONSER	
			APPROVED	JUL 23 1982,
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Signed by	FRANK T. CHAVEZ
	above is true and complete to the	best of my knowledge and belief.	BY	
		<u> </u>		

Union Texas Petroleum Corporation

Vice - President

(Signature)

(Fitle)

If this is a request for allowable for a newly drilled or deepene 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.

This form is to be filed in compliance with RULE 1104.

SUPERVISOR DISTRICT # 3

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

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.