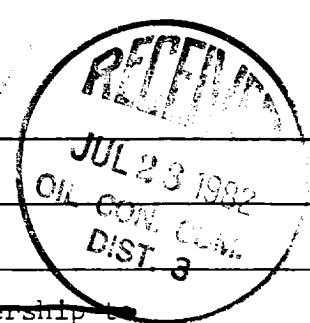


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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**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-105  
Effective 1-1-65



**I. OPERATOR**

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>Angel Peak "B"</u>	Well No. <u>14</u>	Pool Name, including Formation <u>Fulcher Kutz Pictured Cliffs</u>	Kind of Lease State, Federal or Fee <u>Fed SF</u>	Lease No. <u>047017</u>
Location Unit Letter <u>G</u> <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>28N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Southern Union Gathering Co.</u>	<u>First International Building Dallas, Texas 75201</u>
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rge.    Is gas actually connected?    When
	<u>G    13    28N    11W    Yes    5/50</u>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>4/3/50</u>	Date Compl. Ready to Prod. <u>4/22/50</u>		Total Depth <u>1969</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>5804</u>	Name of Producing Formation <u>Picture Cliffs</u>		Top Oil/Gas Pay <u>1873</u>		Tubing Depth <u>1932'</u>			
Perforations					Depth Casing Shoe <u>1882'</u>			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>10 3/4"</u>	<u>8 5/8"</u>	<u>102'</u>	<u>25</u>
<u>8 3/4"</u>	<u>5 1/2"</u>	<u>1882'</u>	<u>75</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**

6/10/82  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED JUL 23 1982  
BY Original Signed by Jeff Edmister  
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 deviated 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.