	NO. OF COPIES RECEIVED	ĺ	<i>y</i>	
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-1
	FILE		AND	Effective 1-1-65
	u.s.g.s.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	AFF
	LAND OFFICE			
	TRANSPORTER OIL			U, THE SOL
	OPERATOR GAS		OIL ,	Sec. (4)
	PROPATION OFFICE		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	90 Box 1
1.	Operator Operator			
	Union Texas Petroleum Corporation			
	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 Owners	drip to
	Recompletion	Oil Dry Ga		Company successor to
	Change in Ownership X	Casinghead Gas Conden	sate Supren Energy Co	orporation
	If change of ownership give name S and address of previous owner	upron Energy Corporation	, P. O. Box 808, Farming	gton, New Mexico 87401
H.	DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Formation Kind of Lease				
	Angel Peak	18 Fulcher Rucz	Tietured Office, Federa	l of Fee
	Location M 990	Feet From The North	990 e and Feet From 7	West
	Line of Section 12 Tow	mship 28N Range	11W , NMPM, San .	Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of the Condensate or Condensat			ved copy of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)			
	Southern Union Gathe		First International But Dallas, Texas 75201 Is gas actually connected? Who	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. M 12 28N 11W	Yes Yes	11/53
IV.	If this production is commingled wit COMPLETION DATA			
	Designate Type of Completion — (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. X			
	Date Spudded 10/13/53	Date Compl. Ready to Prod. 10/30/53	Total Depth 1964	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Picture Cliffs	Top Oll/Gas Pay 1842	Tubing Depth 1932'
	5760 DF	ricture cirris	1042	Depth Casing Shoe
	1844'			
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	8 5/8"	123 Test	SACKS CEMENT
	10 3/4" 8 3/4"	5 1/2"	1844'	125
	8 3/4	1"	1932'	
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)			
	UIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Oil-Bbls.	Water-Bbls.	Gas-MCF
	Actual Prod. During Test			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Cosing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
VI.	I. 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.		OIL CONSERVATION COMMISSION APPROVED JUL 9 3 1982 . 19 BY Original Signed by Jeff Edmister	
	Union Texas Petroleum Corporation		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 deepens 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. Fill out only Sections I. H. III, and VI for changes of owner well name or number, or transporter, or other such change of conditions Separate Forms C-104 must be filed for each pool in multiper completed wells.	
	(Signature)			
	Vace - President			
	6/10/82 (Title)			
	(Date)			
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