1	NO. OF COPIES RECEIVED				
	DISTRIBUTION	:	,		
	SANTA FE		CONSERVATION COMMISSION	Form C-104	
•	FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and (Elective 1-1-65			
	U.S.G.S.	. AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
	LAND OFFICE		THE PROPERTY OF A PART OF		
	TRANSPORTER OIL			1 the second of	
	GAS	1		JUL 2 3 1992	
	OPERATOR			JULY O WA	
1.	PRORATION OFFICE OIL CO. COM.				
	Union Texas Petroleum Corporation				
	Address				
	1860 Lincoln Street, Suite 1010, Denver, Colorado 80295				
	Reason(s) for filing (Check proper box)	,	Other (Please explain)	hin de	
	New We!!	Change in Transporter of:	Union Productor	,	
	Recompletion	Oil Dry Go	Suppose France Of	menation	
	Change in Ownership X	Casinghead Gas Conder	nsatei		
	If change of ownership give name	unnon Franci Camanation	. D.O. D 000 F!		
	and address of previous owner	hange of ownership give name Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 37401			
II	DESCRIPTION OF WELL AND	FASE			
•••	Lease Name	Well No. Pool Name, Including F	ormation Kind of Lea	Lease No	
	Zachry	18-E Basin Dako	ota State, Feder	dlorF••Federal SF080724A	
Location					
Unit Letter 0; 960 Feet From The South Line and 1455 Feet From The East Line of Section 11 Township 28 North Range 10 West , NMPM, San Juan				The East	
				Taram	
				Juan County	
111	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	s		
***.	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent				
	Plateau, Inc. P. O. Box 108, Farmington, NM 87401				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent			oved copy of this form is to be sent;	
	Dallas, TX 75201				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.		nen	
	give location of tanks.	O 11 28N 10W	Yes	07-24-80	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
1V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Res	
	Designate Type of Completio	$\mathbf{x} = \mathbf{x}$			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	02-17-80	04-10-80	6450 '	6407'	
	. ,,,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	5607' RKB	<u>Dakota</u>	6196'	Depth Casing Shoe	
	Perforations			•	
	6196-6368'	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12½"	8 5/8" 20.00#	302'	150	
	7 7/8"	5½" 15.50#	6450'	1560 (3 stages)	
		2 1/16" IJ 3.25#			
		<u> </u>	<u> </u>	<u>i</u>	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	t after recovery of total volume of load oil and must be equal to or exceed top allo depth or be for full 24 hours!		
	OIL WELL Date First New Oil Run To Tanks	OII. WELL able 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-Bbis.	Water - Bbis.	Gas-MCF	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensgre/MMCF	Gravity of Condensate	
	Actual Production will be				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	•		•		
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERV	ATION COMMISSION	
• •••	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 JUL 2 3 1982 APPROVED		
	Union Texas Petroleum Corporation		SUPERVISOR DISTRICT # 3		
	- 1		TITLE		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			compliance with RULE 1104.	
	Vice - President		If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.		
	(Tit		All sections of this form must be filled out completely for allo		
	4-11-87		able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of own		
	(Date)		well name or number, or transporter, or other such change of condition		
			·		