STATE OF NEW MEXICO. ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION	
SANTA FR	
FILE	
V.8.5.4.	
LAND OFFICE	
OIL	
BAB	
OPERATOR	
PROBATION OFFICE	
TRANSPORTER GAS	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 8750

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in mu ploted wells.

REQUEST FOR ALLOWABLE AND

PROBATION OFFICE	AUTHORIZATION TO TRANS	.ND PORT OIL AND NATU	RACGAS .	in the second se
I				<u>3 4 </u>
Operator Detroil	. Composition			
Union Texas Petroleum	COPPOR ACTOR			
375 US Highway 64, Fa	armington, NM 87401	· .		
Reason(s) for filing (Check proper box)		Other (Pleas	e esplain)	
New Well	Change in Transporter of:	ey Gas		
Recompletion		Condensate		
Change in Ownership				
If change of ownership give name				
and eddress of previous owner				
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation	Kind of Lease	Lease :
Legae Name		Pictured Cliffs	State, Federal or Fee	SF = 047039C
Angel Peak	1 22 Fulcher Kutz	PICINI PIL VALIDA	<u> </u>	
Location M : 1105	Feet From The South L	ine and 790	Feet From TheWes	it
Unit Letter M : 1105	Peet From the			•
Line of Section 7 Towns	ship 28N Range	1 0W , NMPI	M, S	an Juan Cou
		T CAS		
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATUKA	Address (Give address	to which approved copy of	this form is to be sent)
Name of Authorized Transporter of Oil	_			
Name of Authorized Transporter of Castr	nghead Gas C or Dry Gas	Address (Give address	to which approved copy of	(this form is to be sent)
Sunterra Gas Gathering		P. O. Box 15	809, Bloomfield,	NM 87413
If well produces oil or liquids,	Unit Sec. Twp. Ree.	Is gas estually connec	(mon	
aive location of tents.	M :-7 :28N :10W			
If this production is commingled with	that from any other lease or poo.	l, give commingling ord	et unapett	<u> </u>
	on reverse side if necessary.			
	· 	. DIL	CONSERVATION DI	VISION
VI. CERTIFICATE OF COMPLIAN	CE		- IIIA-	13/198/
I hereby certify that the rules and regulation	ns of the Oil Conservation Division hav	APPROVED		
been complied with and that the information	given is true and complete to the best of	×	Drama.	Value 4
my knowledge and belief.			<u> 59/14</u> (1) (59.	t hidestof 👭
1	4	TITLE		
11.40		This form is	to be filed in compliant	co with RULE 1104.
pool C	/-and	- 10	equest for allowable for let be accompanied by	I IMPOUNTION OF COA AAA
Permit Coordinator		il tanta takan an thi	D MOTT TO DESCRIPTION AL	CE RULE !!!
Permit Coordinator		All sections	of this form must be fill recompleted wells.	en ent combineral les :
Juna 12	1987		A	4 VI for changes of a
- Date		well name or numi	sections to the section of ethi	as sacy cyaute of core

OIL WELL Date First New Oil Run To Tanks Longth of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Date of Test Tubing Pressure Oil-Bbis. Langth of Test		Casing Pre	******	, pump, gas l	Choke Size	Condensete			
Date First New Oil Run To Tanks Length of Test Actual Pred, During Test	Tubing Pressure		Casing Pre	9. 08W9	, pump, gas l	Choke Size				
Date First New Oil Run To Tanks Length of Test	Tubing Pressure		Casing Pre	******		Choke Sise				
Date First New Oli Run To Tanks										
	Date of Test		Producing	Method (Flow		ift, ete.)				
/ 11 / 17/ M I 4				Producing Method (Flow, pump, gas lift, etc.)						
v. TEST DATA AND REQUEST	FOR ALLOWABLE (T	ees must be o	siter recovery		ne of load oil	and must be e	qual to er exe	reed top all		
			 							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SE		SACKS CEMENT				
	TUBING. C	ASING, AN	D CEMENTI	NG RECOR	D					
Perferetions						Depth Casu	ng Shoe			
Elevetions (DF, RKB, RT, GR, etc.,	Name of Producing Formation Top Oil			Top OIL/Gas Pey			Tubing Depth			
	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.				
Deta Spudded	i Date Compi. Reedy (9 Pfd					10070				
Designate Type of Completi	OR - (X)		1	1		·	! !			

STATE OF NEW MEXICO. ENERGY MO MINERALS DEPARTMENT

Permit Coordinator

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DISTRIBUTIO	344		
SANTA PE			
FILE			
U.S.G.B.		_ _	_
LAND OFFICE		<u> </u>	_
TRAMPORTER	OIL		
,	Q AS	١	_
OPERATOR			_

OIL CONSERVATION DIVISION

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 Form C-104 Revised 10-01-78 Format 06-01-83

FILE U.S.G.S. LAND OFFICE	SANTA FE, NE	W MEXICO 87501	RESERVE	
TRANSPORTER GAS	REQUEST FC	R ALLOWABLE		
OPERATOR	AUTHORIZATION TO TRANS	ND	- AU 18 13 7	•
PROSATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATI	JKAL GAS	<u>;</u>
I.				
Union Texas Petroleur	m Corporation	_,		
Address and US History 64 E	arminaton NM 87401			
375 US Highway 64, For Receson(s) for filing (Check proper box)	armington, in 37132	Other (Pice	se explain)	
New Well	Change in Transporter of:			
Recompletion		Cry Ges		
Change in Ownership	Casinghead Gas	Condensate		
If change of ownership give name				
and address of previous owner		·		
II. DESCRIPTION OF WELL AND	IEASE			
Legae Name	Well No. Pool Name, Including	Formation	Kind of Lease	Lease
Angel Peak	22 Otero Chacr	`a	State, Federal or Fee	SF -047039C
	-	7.00) ldos	+
Unit Letter M : 1105	Feet From The South	Ine and	Feet From The WES	·
_	201	10W , NMF	su. Sa	n Juancour
Line of Section / Town	sehip 28N Range	104 , 100		
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURA	AL GAS		
Name of Authorized Transporter of OII	or Condensate	Azaress (Give addres	s to which approved copy of	this form is to be sent/
		i i i i i i i i i i i i i i i i i i i	s to which approved copy of	this form is to be sent)
Name of Authorized Transporter of Cass	nghead Gas Or Dry Gas XX		1809, Bloomfield,	
Sunterra Gas Gathering	Company that Sec. Twp. Ree.	Is gas estually conne	cred? When	111 0/415
If well produces oil or liquids,	1001	10 (30)	į	
give location of tents.		L cine complete of	der number:	
If this production is commingled with		1. Etaa communitaris		
NOTE: Complete Parts IV and V	on reverse side if necessary.			
		OIL	CONSERVATION DIV	/ISION
VI. CERTIFICATE OF COMPLIAN				170° 1997
I hereby certify that the rules and regulation	ns of the Oil Conservation Division has	APPROVED		
been complied with and that the information my knowledge and belief.	a given is time and complete to the seas.		Drange.	
int was and a sum a sum.			SUPERVISOR	Didlaton 3
4	_	TITLE		
What 1	2-7 1	This form is	to be filed in compliance	D WITH MULE 1184.
1 FOU C	rant	_ If this is a r	equest for allewable for a	tabulation of the devi

toots taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a shie on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of a well name or number, or transporten or other such change of cond

Separate Forms C-104 must be filed for each post in mu completed wells.

V. COMPLETION DATA	Oil Weil	Ges Well	New Well	Workever	Deepen	Plug Best	Same Res'v.	Ditt. Res		
Designate Type of Completi		<u> </u>	1	1			1	<u> </u>		
Date Spudded		Date Compi. Ready to Prod.		Total Dopth			P.S.T.D.			
105 AVA AT C3	Name of Producing Form	ction	Top OIL/Go	e Pey		Tubing Deg	xh .	•		
Elevenions (DF, RKB, RT, GR, etc.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Perferences						Depth Cast	ng Shoo			
	TUBING,	LASING, AN	O CEMENT	NG RECOR	O					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SE		SACKS CEMENT				
			_							
V. TEST DATA AND REQUES	FOR ALLOWABLE	Test must be ble for this t	after recovery lepth or be for	of total volu full 24 hours	me of load of	i and must be	4400 10 00 420			
OIL WELL Date First New Oil Run To Tanks	Date of Test	t Producing Method		Method (Flow	od (Flow, pump, gas lift, etc.)					
			Casing Pro	eswe		Chete Sis				
Length of Teet	Tubing Pressure		Casing Pi			_				
Actual Prod. During Tool	Oil - Sbis-		Weter - Bbi	••		Gas - MCF				
										
GAS WELL						L Community of	Condensate			
Actual Pred. Test-MCF/D	Length of Test		Bbie. Com	iensete/MMC	7	Crevity of	Compensary			
Teeting Method (pilet, back pr.)	Tubing Pressure (Shat-	·ia)	Casing Pri	sewe (Sheet	-ia)	Chete Siz	•			
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