NO. 05 COPIES REC	EIVED		
DISTRIBUTION			1
SANTA FE			
FILE			
U.S.G.S.			Ĺ
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
BRORATION OFFICE			

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V.

V.

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(Title)

(Date)

February 28, 1983

NO. D. COPIES MECEIVED				
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		Form C-104	
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-116 Effective 1-1-65	
FILE		AND	,	
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	. GAS	
LAND OFFICE				
TRANSPORTEP GAS			N. W. State of the Control of the Co	
OPERATOR				
PROPATION OFFICE				
Operator				
Union Texas Petrole	ım Corporation			
Aduress	N N 97/99	•		
	ngton, New Mexico 87499			
Reason(s) for filing (Check proper box)		Other (Please explain)	1 - 5	
New We!1	Change in Transporter of: On Dry Gas allowable. We will produce the gas			
Recompletion	Cil Dry Gas Casinghead Gas Conden	allowable. we	ine while testing.	
Change in Ownership	Custinglied Gd3 Collecti	Theo our piper.	the wille costing,	
If change of ownership give name				
and address of previous owner				
DECORIDATION OF WELL AND I	FASE			
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	· ·	1SF_ 1	
Zachry	35 Wildcat Gallu	state, Fede	ergl or Fee Federal 080724 A	
Location				
Unit Letter 0 ; 990	O Feet From The South Line	e and 1845 Feet Fro	m The East:	
Omit Letter				
Line of Section 10 Tow	mship 28-N Range 1	0-W , NMPM, San .	Juan County	
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Cine address to which apr	proved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	x or Condensate	P.O. Box 489, Bloomfi		
Plateau, Inc. Name of Authorized Transporter of Cas.	inghead Gas 😯 or Dry Gas	·	proved copy of this form is to be sent)	
		P.O. Box 808, Farmington, N.M. 87499		
Union Texas Petroleum	Unit Sec. Twp. Rge.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	0 10 28N 10W	Yes	2/26/83	
<u></u>	<u>. </u>	1 h-		
If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give comminging order number.		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion	n - (X) XX	XX		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
12/5/82	1/19/83	6040	5990	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Death	
5754	Gallup	5440	586.2 Depth Cas.ng Shoe	
erforations				
5440 - 5929 (Total of	76 holes)	CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE		330	295 Cu. Ft.	
14-3/4" 9-7/8"	10-3/4", 40.50% 7-5/8", 26.40% 5-1/2", 15.50%	5390	2840 Cu. Ft.(2 Stages)	
6-3/4"	5-1/2", 15.50#	5185 - 6038	231 Cu Ft.	
	2-3/8" E.U.E., 4.70#	5862		
TEST DATA AND PROUEST FO	OR ALLOWARLE. (Test must be at	fter recovery of total volume of load c	oil and must be equal to or exceed top allow-	
OIL WELL	able for this de	bin or as los lars \$4 nomes.		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	Chore Size	
	Oil-Bble.	Wgter-Bbis.	Gas - MCF	
Actual Prod. During Test	OII-BBIB.	, age.		
		<u> </u>		
Actual Prog. 7081-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
A5.441 / 1551 /				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
*				
CERTIFICATE OF COMPLIANC	Œ	OIL CONSERY	VATION COMMISSION - 1983	
CIRTIE OF COMPENS				
I hereby certify that the rules and re	egulations of the Oil Conservation	ervation APPROVED, 19		
Commission have been complied W	ith and that the information given i	Original Signed by FRARK T. CHAVEZ		
above is true and complete to the	ceat of my anomicage and benefit	SUPERVISOR DISTRICT # 3		
_	TITLE			
This form is to be filed in compliance with RULE 1104.				
Konneth Z. Koda	4	1	lowable for a newly drilled or deepened spanied by a tabulation of the deviation	
Kenneth E. Roddy (Signa	<i>y</i>	I teats taken on the well in ac-	CORDENCE WITH RULE 111.	
Area Production Superint	endent	All sections of this form	must be filled out completely for allow-	

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 multiply completed wells.