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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-110
Effective 1-1-65

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MAR 15 1983

Operator Union Texas Petroleum Corporation		DIV.	
Address P.O. Box 808, Farmington, New Mexico 87499			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	This well was placed on production on 2/28/83.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zachry	Well No. 35	Pool Name, Including Formation Wildcat Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF080724-A
Location Unit Letter 0 ; 990 Feet From The South Line and 1845 Feet From The East Line of Section 10 Township 28N Range 10W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, New Mexico 87413			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 808, Farmington, New Mexico 87499			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 10	Twp. 28N	Rge. 10W
Is gas actually connected?		When		
Yes		2/26/83		

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/5/82	Date Compl. Ready to Prod. 1/19/83		Total Depth 6040		P.B.T.D. 5990			
Elevations (DF, RKB, RT, GR, etc.) 5754	Name of Producing Formation Gallup		Top Oil/Gas Pay 5440		Tubing Depth 5862			
Perforations 5440 - 5929 (Total of 76 holes)					Depth Casing Shoe 6038			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 40.50#		330		295 cu. ft.			
9-7/8"	7-5/8", 26.40#		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					

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 3/1/83	Date of Test 3/6/83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 35	Casing Pressure 285	Choke Size 1/2"
Actual Prod. During Test 40 bbls.	Oil - Bbls. 40	Water - Bbls. 0	Gas - MCF 145

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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)

Area Production Superintendent
(Title)

March 15, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
Original Signature

BY _____

TITLE _____

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 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, 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.