	NO OF CÔPITA BELLEVED	٦	,/		
	DISTRIBUTION	NEW MEYICO ON A	CONSERVATION COMMISSION	_	
Ī	SANTA FE	_	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
	FILE		AND	111/ Effective 1-1-65	
-	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	AS (
ļ }	LAND OFFICE	-	. 55	' IN'	
	TRANSPORTER GAS	3255 3 170 1 1/2			
<u> </u>	OPERATOR		7 5		
1.	PRORATION OFFICE			- 30.	
- 1	Operator Dahmalan	Potroloum Corneration			
-	Union Texas Petroleum Corporation				
	P.O. Box 808, Farmington, New Mexico 87499				
 	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:		an producing into UTP	
- 1	Recompletion	Oil Dry G		/5/83 for tests.	
L	Change in Ownership	Casinghead Gas Conde	nsate		
	f change of ownership give name and address of previous owner				
	•				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease				Lease No.	
	Angel Peak "B"	32 Wildcat Gally	State, Fede	ral or Fee Federal SF047017-B	
T	Location				
	Unit Letter I : 1670 Feet From The South Line and 710 Feet From The East Line of Section 12 Township 28N Range 11W NMPM, San Juan Cour				
L	Line of Section 12 To	wnship 28N Range	TIW , NMFM, Sai	n Juan County	
H. I	FORMATION OF TRANSPORT	TER OF OIL AND NATURAL GA	1 S		
	e of Authorized Transporter of Cil	Cr Condensate	Address (Give address to which appr	oved copy of this form is to be sent)	
: 	Plateau, Inc.	Day Co. 5	P.O. Box 489, Bloomfie	eld, New Mexico 8/413 oved copy of this form is to be sent)	
i	Union Texas Petroleu		P.O. Box 808, Farming		
;-		Unit Sec. Twp. Fige.		hen length of the length of th	
	If well produces oil or liquids, give location of tanks.	I 12 28N 11W	Yes	4/4/83	
1. I	this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic		XX	1 1 1	
-	Date Spudded	Date Compl. Ready & Prod.	Total Depth	P.B.T.D.	
	11/10/82	1/24/83	6024	6013	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top C11/Gas Pay	Tubing Depth	
	5769 R.K.B.	Gallup	5405	5829 Depth Casing Shoe	
	Feriorations 5405 5058 (Total o	f 85 holes)		6022	
5405 - 5958 (Total of 85 holes) TUBING, CASING, AND CEMENTING RECORD					
F	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	14-3/4"	10-3/4", 40.50# 7-5/8", 26.40#	348	325 cu. ft.	
Ļ	9-7/8" 6-3/4"	5-1/2", 15.50#	4767 4618 - 6022	1916 cu. ft. (2 stages) 198 cu. ft.	
-	0-3/4	2-3/8" E.U.E., 4.70#	5829	170 cd. 10.	
L V.1	FST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oi	l and must be equal to or exceed top allow-	
(OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas.		
i	2/5/83	4/12/83	Flowing	,,,,	
-	4/3/03 Length of Test	Tubing Pressure	Cosing Pressure	Choke Size	
	24 hours	285	391	1-1/4" Gam-MCF	
-	Actual Pred. During Test	Oil-Bbis.	Water - Bbla.		
_	70 bbls.	70	8	359	
	DAG WEST T	n e a			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Lie Carte Care MCF	Gravity of Condensate	
İ	·		l U		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) APA	Cosing Brassure (Shut-in)	Choke Size	
_ L		C	DIV OIL CONSERV	ATION COMMISSION	
1. C	CERTIFICATE OF COMPLIAN				
1	hereby certify that the rules and r	eguiations of the Orr Constitution	APPROVED	. 19	
_	ommission have been complied with and that the information given and complete to the best of my knowledge and belief. BY Original Signed by FRANK T. CHAVET				
-			TITLE		
	, , , , , , , , , , , , , , , , , , ,				
	Onneth S Sould This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper				
mell this form must be accompanie			anied by a tabulation of the deviation		
				ordance with MULE 111.	
Æ	rea Production Superior (fin	le)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
A	April 18, 1983		E S aut only Sections !	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.	
	(Da	ite)	Separate Forms C-104 mu	at be filed for each pool in multiply	
			rompleted wells.		