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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I. Operator
Union Texas Petroleum Corporation
Address
P.O. Box 808, Farmington, New Mexico 87499
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Angel Peak "B"	Well No. 24-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal SF	Lease No. 047017-B
Location Unit Letter I ; 1680 Feet From The South Line and 850 Feet From The East Line of Section 13 Township 28N- Range 11W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) First International Building - Dallas, Texas Attention: Mr. R.J. McCrary			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 13	Twp. 28N	Pge. 11W
				Is gas actually connected? No
				When ----

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 12/19/82	Date Compl. Ready to Prod. 1/31/83		Total Depth 6576		P.B.T.D. 6518			
Elevations (DF, RKB, RT, GR, etc., 5850 R.K.B.	Name of Producing Formation Dakota		Top Oil/Gas Pay 6300		Tubing Depth 6375			
Perforations 6300 - 6419 (Total of 31 holes)					Depth Casing Shoe 6569			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13-3/8", 48.00#		280		360 cu. ft.			
12-1/4"	9-5/8", 40.00#		5390		2831 cu. ft. (2 stages)			
8-1/2"	7", 23.00#		5211 - 6569		225 cu. ft.			
	2-3/8" E.U.E., 4.70#		6375					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 367	Length of Test 3 hours	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 460	Casing Pressure (Shut-in) ----	Choke Size 3/4"

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 23, 1983
(Date)

OIL CONSERVATION COMMISSION
5-10-83
APPROVED
BY DEPUTY OIL & GAS INSPECTOR, DIST. #3
TITLE SUPERVISOR DISTRICT #2

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.