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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 1-1-85

**I. OPERATOR**

Operator: Union Texas Petroleum Corporation

Address: P. O. Box 808, Farmington, New Mexico 87499

Reasons for filing (Check proper box):

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	<u>This well began producing into UTP pipeline on 5/27/83 for testing.</u>	
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	<u>Zachry</u>	Well No.	<u>54</u>	Pool Name, including Formation	<u>Armenta Gallup</u>	Kind of Lease	<u>Fed. SF</u>	Lease No.	<u>080724-A</u>
Location	Unit Letter: <u>M</u> <u>715</u> Feet From The <u>South</u> Line and <u>925</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>28N</u> Range <u>10W</u> NMPM, <u>San Juan</u> 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"/>	<u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P. O. Box 489, Bloomfield, N.M. 87413</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>Union Texas Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P. O. Box 808, Farmington, N.M. 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sect. <u>12</u> Twp. <u>28N</u> Rge. <u>10W</u>	Is gas actually connected?	<u>Yes</u> When <u>5/26/83</u>

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 Resrv.	Diff. Resrv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	<u>4/11/83</u>	Date Compl. Ready to Prod.	<u>5/10/83</u>	Total Depth	<u>6175</u>	F.B.T.D.	<u>6107</u>	
Elevations (D.F., R.A.B., RT, GR, etc.)	<u>5826 R.K.B.</u>	Name of Producing Formation	<u>Gallup</u>	Top Oil/Gas Pay	<u>5528</u>	Tubing Depth	<u>5971</u>	
Perforations	<u>5528 - 6106</u>					Depth Casing Shoe	<u>6164</u>	

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13-3/4"</u>	<u>9-5/8", 36.00#, K-55</u>	<u>315</u>	<u>318 cu. ft.</u>
<u>8-3/4"</u>	<u>7", 23.00#, K-55</u>	<u>5470</u>	<u>2755 cu. ft. (2 stages)</u>
<u>6-1/4"</u>	<u>4-1/2", 11.60#, K-55</u>	<u>5255 - 6164</u>	<u>214 cu. ft.</u>
	<u>2-3/8", E.U.E., 4.70#</u>	<u>5971</u>	

**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	<u>5/27/83</u>	Date of Test	<u>6/27/83</u>	Producing Method (Flow, pump, gas lift, etc.)	<u>Pumping</u>
Length of Test	<u>24 hours</u>	Tubing Pressure	<u>40</u>	Casing Pressure	<u>316</u>
Actual Prod. During Test	<u>15 bbl. oil</u>	Oil - Bbls.	<u>15</u>	Water - Bbls.	<u>0</u>
				Choke Size	<u>5/8"</u>
				Gas - MCF	<u>100</u>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)

July 19, 1983  
(Date)

**OIL CONSERVATION COMMISSION**

7-29-83  
APPROVED JUL 29 1983, 19\_\_\_\_

BY Original Signed by FRANK T. CHAVEZ

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.