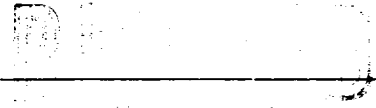


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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

30466/10
11-14-83



I. Operator
Union Texas Petroleum Corporation
Address
P. O. Box 808, Farmington, New Mexico 84799
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) DIST. 3
This well began producing into UTP pipeline on 7/19/83 for testing.

If 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.
Zachry	56	Armenta Gallup	State, Federal or Fee Fed. SF	080724-A
Location				
Unit Letter	M	369	Feet From The South	Line and 939 Feet From The West
Line of Section	11	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"/>	Address (Give address to which approved copy of this form is to be sent)			
Plateau, Inc.	P. O. Box 489, Bloomfield, N.M. 87413			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Union Texas Petroleum Corporation	P. O. Box 808, Farmington, N. M. 87499			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	M	11	28N	10W
Is gas actually connected?	When			
yes	7/18/83			

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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
XX			XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6/23/83	7/7/83	6320	6271					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5731 R.K.B.	Gallup	542)	6140					
Perforations						Depth Casing Shoe		
5420 - 6246						6304		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8", 24.00#, K-55		317		215 sacks			
7-7/8"	5-1/2", 15.50#, K-55		6304		155 sacks (3 stages)			
	2-3/8", E.U.E., 4.70#		6140		3692			

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.)	
7/19/83	8/9/83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	40	133	1"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
13 bbl. of oil	13	3	168

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)

August 17, 1983
(Date)

OIL CONSERVATION COMMISSION

7-12-83
APPROVED SEP 1 1983

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #5

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.