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U.S.G.S.		
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

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JUL 21 1983

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) This well began producing into UTP pipeline on 6/29/83 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	55	Armenta Gallup	State, Federal or Fee	Fed. SF 080724-A
Location				
Unit Letter	0	903	Feet From The South	Line and 2118
		Feet From The East		
Line of Section	11	Township	28N	Range 10W
		N.M.E.M.	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. C. Box 489, Bloomfield, New Mex. 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. C. Box 808, Farmington, New Mex. 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	11
	28N	10W
Is gas actually connected?	When	
Yes	6/27/83	

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	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
4/17/83	6/11/83		6003		5963			
Elevations (L.F., R.K.B., RT, GR, etc.)	Name of Producing Formation		Top Oil, Gas Pay		Tubing Depth			
5618 R.K.B.	Gallup		5323		5762			
Perforations					Depth Casing Shoe			
5323 - 5904					6003			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-1/2"	9-5/8", 36.00#, K-55		295		295 cu. ft.			
8-3/4"	7", 23.00#, K-55		5226		2102 cu. ft. (2 stages)			
6-1/4"	4-1/2", 11.60#, K-55		5013 - 6003		140 cu. ft.			
	2-3/8", E.U.E., 4.70#		5762					

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.)	
6/29/83	7/3/83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	40	366	1"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
46 bbl. oil	46	5	288

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)
July 19, 1983
(Date)

OIL CONSERVATION COMMISSION
7-27-83 JUL 29 1983
APPROVED _____, 19_____
BY _____
TITLE _____ SUPERVISOR DISTRICT # 3

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.