

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |                                                              |
|------------------------|--------------------------------------------------------------|
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| FILE                   |                                                              |
| U.S.G.S.               |                                                              |
| LAND OFFICE            |                                                              |
| TRANSPORTER            | <input type="checkbox"/> OIL<br><input type="checkbox"/> GAS |
| OPERATOR               |                                                              |
| PRODUCTION OFFICE      |                                                              |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Union Texas Petroleum Corporation

Address

375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

- ☐ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil  
☐ casinghead Gas  
☒ Dry Gas  
☐ Condensate

Other (Please explain)

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    |
| Zachry          | 15       | Basin Dakota                   | State, Federal or Fee | SE080724 |
| Location        |          |                                |                       |          |
| Unit Letter     | N        | 1080                           | Feet From The         | South    |
| Line of Section | 33       | Township                       | 29N                   | Range    |
|                 |          |                                | 10W                   | NMPM,    |
|                 |          |                                |                       | San Juan |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Conoco, Inc. Surface Trans.                                                                                              | P. O. Box 1429, Bloomfield, NM 87413                                     |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Sunterra Gas Gathering Company                                                                                           | P. O. Box 1809, Bloomfield, NM 87413                                     |
| If well produces oil or liquids, give location of tanks.                                                                 | Is gas actually connected? When                                          |
| Unit                                                                                                                     | Sec.                                                                     |
| N                                                                                                                        | 33                                                                       |
| Twp.                                                                                                                     | Rge.                                                                     |
| 29N                                                                                                                      | 10W                                                                      |

If this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Permit Coordinator

June 25, 1987

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION  
JUN 20 1987

APPROVED

BY

SUPERVISION DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 110.  
If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes well name or number, or transporter or other such change of

Separate Form C-104 must be filed for each pool in completed wells.

#### IV. COMPLETION DATA

|                                             |                             |          |                 |          |          |                   |           |             |           |
|---------------------------------------------|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|-----------|
| Designate Type of Completion - (X)          |                             | Oil Well | Gas Well        | New Well | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res |
| Date Spudded                                | Date Compl. Ready to Prod.  |          | Total Depth     |          |          | P.B.T.D.          |           |             |           |
| Elevations (DF, RKB, RT, GR, etc.)          | Name of Producing Formation |          | Top Oil/Gas Pay |          |          | Tubing Depth      |           |             |           |
| Perforations                                |                             |          |                 |          |          | Depth Casing Shoe |           |             |           |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |          |          |                   |           |             |           |
| HOLE SIZE                                   | CASING & TUBING SIZE        |          | DEPTH SET       |          |          | SACKS CEMENT      |           |             |           |
|                                             |                             |          |                 |          |          |                   |           |             |           |
|                                             |                             |          |                 |          |          |                   |           |             |           |
|                                             |                             |          |                 |          |          |                   |           |             |           |
|                                             |                             |          |                 |          |          |                   |           |             |           |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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        | Length of Test             | Bbls. Condensate/MCF       | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Start-15) | Casing Pressure (Start-15) | Choke Size            |