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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-105
Effective 1-1-65

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AUG 2 1983

OIL CON. DIV.
DIST. 3

Operator
Union Texas Petroleum Corporation
Address
P.O. Box 808, Farmington, New Mexico 87499

Reasons for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Tank to hold pipeline condensate
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Gashead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well Name, Pool Name, Including Formation	Kind of Lease	Lease No.
Zachry Sales Point		State, Federal or Fee	
Location			
Unit Letter	Feet From The	Line and	Feet From The
Line or Section	Township	Range	N.M.P.M.
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Plateau Inc.	P.O. Box 489, Bloomfield, NM 87413
Name of Authorized Transporter of Gashead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)

Is well producer of oil or water, give location of water	Sec.	34	Twp.	29N	Range	10W	Is well actually connected?	When
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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't	Diff. Res't
Date Spudded	Date Comp. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (D.F., R.H., H.T., G.F., etc.)	Name of Producing Formation	Per. Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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
Production Superintendent
(Signature)
(Title)

August 2, 1983

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 2 1983, 19

BY Original Signed by FRANK T. CHAVEZ

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.