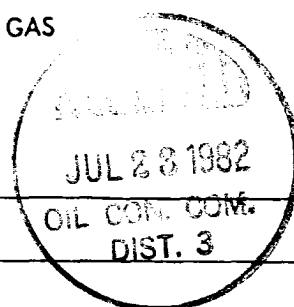


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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-
Effective 1-1-65



Operator
Union Texas Petroleum Corporation
Address
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Ownership to
Recompletion <input type="checkbox"/>	Union Producing Company successor to
Change in Ownership <input checked="" type="checkbox"/>	Supron Energy Corporation
Change in Transporter of:	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

DESCRIPTION OF WELL AND LEASE

Lease Name REID "B"	Well No. 2	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FED NM	Lease No 0702
Location Unit Letter <u>G</u> ; <u>1810</u> Feet From The <u>NORTH</u> Line and <u>1600</u> Feet From The <u>EAST</u> Line of Section <u>31</u> Township <u>29 NORTH</u> Range <u>10 WEST</u> , NMPM, <u>SAN JUAN</u> County				

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)					
<u>Plateau, Inc.</u>	<u>P. O. Box 108, Farmington, NM 87401</u>					
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)					
<u>Southern Union Gathering Co.</u>	<u>1800 First International Building</u> <u>Dallas, TX 75201</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>31</u>	Twp. <u>29N</u>	Pge. <u>10W</u>	Is gas actually connected? <u>YES</u>	When <u>04/16/62</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		XX	XX					
Date Spudded <u>12/06/61</u>	Date Compl. Ready to Prod. <u>01/10/62</u>	Total Depth <u>6445</u>	P.B.T.D. <u>6419</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5584</u>	Name of Producing Formation <u>DAKOTA</u>	Top Oil/Gas Pay <u>6168</u>	Tubing Depth <u>6316</u>					
Perforations <u>6340-46, 6244-92, 6168-72, 6312-24, 6184-90</u>			Depth Casing Shoe <u>6444</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>10-3/4 32.75#</u>	<u>206</u>	<u>225</u>
	<u>4-1/2 10.5#</u>	<u>6444</u>	<u>1125 cu ft</u>
	<u>2-3/8 4.7#</u>	<u>6316</u>	

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 all able 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 Proc. 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

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.

Union Texas Petroleum Corporation

(Signature)
Vice-President

(Title)

6/10/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.

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

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

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

Separate Forms C-104 must be filed for each pool in multi