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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Supersedes Old C-104 and (Effective 1-1-65	c.

FILE		AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
LAND OFFICE			6.42.63		
TRANSPORTER OIL	_		Cost of State		
OPERATOR GAS	-				
PRORATION OFFICE	+		,		
Operator					
Union Texas Petrole	um Corporation				
Address			3. Just . J		
1860 Lincoln Street Reason(s) for filing (Check proper bo	, Suite 1010, Denver, Col				
New We!!	Change in Transporter of:	Other (Please explain)	hip to		
Recompletion	Oil Dry Ga	unicon Producing	Company successor to		
Change in Ownership X	Casinghead Gas Conden	asate Supron Frongy Co	rperation		
change of ownership give name nd address of previous owner	Supron Energy Corporation	n, P.O. Box 808, Farming	ton, New Mexico 87401		
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	se Lease No		
WITT	1 BASIN DAKOTA	State, Feder	rre		
Location					
Unit Letter N 112	O Feet From The SOUTH Line	e and Feet From	WEST		
Line of Section 33 To	$_{\text{ownship}}$ 29 NORTH $_{\text{Range}}$ 1	1 WEST , NMPM,	SAN JUAN County		
		_			
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Of	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)		
		P. O. Box 108, Farming			
Plateau, Inc. Name of Authorized Transporter of Co	isinghead Gas or Dry Gas X	Address (Give address to which appro 1800 First Internation			
Southern Union Gath	ering Co.	Dallas, TX 75201	al Building		
If well produces oil or liquids,	Unit Sec. Twp. Fige.		nen 0.400.460		
give location of tanks.	N 33 29N 11W	YES	3/20/63		
this production is commingled w	ith that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res		
Designate Type of Completi		New Well Workover Deepen	Plug Back Same Res V. Ditt. Res		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
11/14/62	11/27/62	6255	6218		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
5475	DAKOTA	6015 6128			
Perforations	C150 FC C004 C100 C015 0	VF CO2F 40	Depth Casing Shoe		
61/2-88,	6150-56, 6094-6128,6015-2		6253		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE	13-3/8	94	150		
	8-5/8	660	260		
	4-1/2	6242	320		
	1-1/2	6128			
TEST DATA AND REQUEST F	'OR ALLOWABLE (Test must be a)		and must be equal to or exceed top all		
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	ift etc.		
Date First New Oil num to tanks	Date of Test	Producing Method (Prow, pump, gas in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF		
			<u> </u>		
	_		- _		
GAS WELL	it engin of Teet	Bhis Condenses (1975)	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gidtily of Condensate		
Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
, , , , , , , , , , , , , , , , , , , ,					
CERTIFICATE OF COMPLIAN	iCF	OIL CONSERVA	ATION COMMISSION		
			3 1982		
hereby certify that the rules and	regulations of the Oil Conservation	Original Signed by	EDANIK P HAVEZ , 19		
Commission have been complied	with and that the information given best of my knowledge and belief.	Original Signed by) IVIIII (
Union Texas Petrole		CHOCAN	WISOR DISTRICT " -		
_	am corporación	1	VISOR DISTRICT # 3		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			compliance with RULE 1104.		
No Misnature		well this form must be accompa	If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia		
Vice - President	lent	tests taken on the well in acco	ordance with RULE 111.		
, , (Τ	itle)	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 ow			
6/11/82					
(1)	Pate)	well name or number, or transpor	rter, or other such change of condi-		

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