							
	NO. OF COPIES RECEIVED	_					
	DISTRIBUTION SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104	
	FILE	REQUEST		LOWABLE		Supersedes O. Ellective 1-1-	old C-104 and
	U.S.G.S.	44,74,00,74,740,470,70	AND			Title 191-	-63
	LAND OFFICE	AUTHORIZATION TO TR	ANSPOR	T OIL AND NATU	RAL GAS		à.
	OIL				4	4	*
	TRANSPORTER GAS				$=\int_{\mathbb{R}^{n}}U_{\xi}^{n}\eta$, 🐧	4 5
	OPERATOR				0/2	63700	
1.	PRORATION OFFICE				1 00	1/1 7.285 -	,
	OPERATOR PRORATION OFFICE Operator Union Texas Potnoloum Composition						
	Chich lexas retroledm Corporation						
	Address						
	Reason(s) for filing (Check proper b	t, Suite 1010, Denver, Co	lorado	T = :	-		
	New Well	Change in Transporter of:		Other (Please explain) Change of Owner ship to			
	Recompletion	· · ·	[Union Producing Company				9001 to
	Change in Ownership X	Casinghead Gas Conde	=	Supren Energ	y Corpora	Tio n	
	If change of ownership give name and address of previous owner	Supron Energy Corporation	n, P.O.	Box 808, Far	mington,	New Mexico	0 97401
11.	DESCRIPTION OF WELL AN						
	Lease Name	Well No. Pool Name, Including F			of Lease	FED SF	047019A
	SUMMIT	/ FULCHER KUIZ	PICIONE	D CLIFFS State,	Federal or Fee	I ED 31	0470137
		505 Feet From The SOUTH Lt	ne and	1850	t From The	WEST	
	24	Cownship 29 NORTH Range	11 WEST	, _{NMPM} , SA	N JUAN		Count
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G		(Give address to whic	1	al ship form is	
		or commente (V)			• • • • • • • • • • • • • • • • • • • •		to be sent.
	Plateau, Inc. P. O. Box 108, Farmington, NM 87401 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy, of this form is to be sent)						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X. Southern Union Gathering Co. Address (Give address to which approved copy of this form is to be sent) 1800 First International Building Dallas, TX 75201						
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	ls gas a	ctually connected?	When		
	give location of tanks.	K 34 29N 11W	YES		03/14/	/75	
	If this production is commingled with that from any other lease or pool, give commingling order number:						
	COMPLETION DATA						
	Designate Type of Comple	tion - (X) Oll Well Gas Well	New Wel	Workover Dee	epen Plug I	Back Same Re	estv. Diff. Re
	Date Soudded	Date Compl. Ready to Prod.	Total De	1 1	P.B.T		
	09/14/74	09/24/74	l l	30	I .	1818	
	Elevations (DF, RKB, RT, GR, etc.			/Gas Pay		ng Depth	
	5651	PICTURED CLIFFS	174	•		1750	
	Perforations		_1		Depth	Casing Shoe	
	1742-1796						
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT	
	12-1/4,	7-5/8 2-7/8		143		85	
	7-7/8	1-1/4 IJ		1828		425	
		1-1/4 10		1750			
•,	TECT DATA AND REQUEST	FOR ALLOWARIE (Test pure le	-4				
٧.	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 al able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producii	ng Method (Flow, pump	, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing	Pressure	Choke	• Size	
							
	Actual Prod. During Test	Oil-Bbls.	Water - B	DIE.	Gas-	MCF	
	l						
	GAS WELL				-	`-	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Co	ondensate/MMCF	Gravi	ty of Condensat	ı•
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing	Pressure (Shut-in)	Choke	• Size	
VI.	CERTIFICATE OF COMPLIANCE			OIL CONS	ERVATION	COMMISSIC	 NC
	I hereby certify that the rules and regulations of the Oil Conservation			J	JL 2 3 19	82 MMISSIC	
				ROVED			, 19
	Commission have been complied	i with and that the information given the best of my knowledge and belief.	11	Original Signe	HeLvd bs	Edmister	
				-			
	Union Texas Petrol	eum corporation	TITI	ב טברטוי	I CIL & UAS I	NSPECTOR, DIS	1. 25

Vice-President

(Title)
(Date)

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

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If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviations 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 conditions.

