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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	FICE	T

October 14, 1982

(Date)

	DISTRIBUTION	٠	1		
	SANTA FE		CONSERVATION COMMISSION	Form C-104	
	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-116 Effective 1-1-65	
			AND		
	U.S.G.S.	_	ANSPORT OIL AND NATURAL	GAS	
	LAND OFFICE	-			
	TRANSPORTER OIL			•	
	GAS	-			
	OPERATOR	-			
1.	PRORATION OFFICE		<i>-</i>		
	⁻ '	malaum Campanatian	/	On The Sal	
Union Texas Petroleum Corporation					
		reet, Suite 1010; Denver	Colorado 80295	0.870	
	Reason(s) for filing (Check proper box		, 00±0±au0 00~//	C/ 3 / 1.713 L	
	New Well	Change in Transporter of:	Omer (1 reads explain)	Dist. COM.	
		· · · · · · · · · · · · · · · · · · ·		3 7.	
	Recompletion [7]	Oil Dry Go	** H	No. of the Control of	
	Change in Ownership X	Casinghead Gas Conder			
	If change of ownership give name	C P C	tion. D O Dom COC. For	mington Nov. Morios 97/	
	and address of previous owner	Supron Energy Corpora	tion; P. O. Box 808; Far	rmington, New Mexico 8740	
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	Legse No.	
	Lease Name	J í		or Fee Federal SF077865	
	Albright	2-J Aztec Pictured	d Ollits	rederal brottoo	
	Location	7	850	Wast	
	Unit Letter E ; 14	70 Feet From The North Lin	ne and 800 Feet From	The West	
		00 17 43 - 44	0 17 t	Tour	
	Line of Section 22 To	ownship 29 North Range 10	O West , NMPM, Sar	1 Juan County	
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	und conv of this form is to be sent!	
	Name of Authorized Transporter of Oi	1 or Condensate	Addies (Othe agains to mutch applie	bea copy of this form is to be sent,	
				and any of this form is to be conti	
	Name of Authorized Transporter of Ca	ssinghead Gas or Dry Gas 🚠	1800 First Internation	ned copy of this form is to be sent)	
	Southern Union Gather		1 75270 Attn: Mr. R.	J. McCrary	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.		en	
	give location of tanks.	1 1 1	NO		
	If this production is commingled Wi	ith that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA				
			New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on – (A)			
	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	
i					
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			<u> </u>		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
• •	DIT WET I				
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbie.	Water - Bbls.	Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
İ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	CERTIFICATE OF COMPLIAN	RTIFICATE OF COMPLIANCE		ATION COMMISSION	
¥ 1.	VI. CERTIFICATE OF COMPDIANCE		APPROVED		
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		APPROVED, 19			
		Ongma elgasa iyo xoobo eer erg			
		BY Official actions and the second actions are second actions and the second actions and the second actions are second actions are second actions and the second actions are second actions actions are second actions are second actions actions are second actions actions actions are second actions actions are second actions actions are second actions actions actions are second actions actions actions actions are second actions actions actions actions actions actions actions a			
		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			
	Rudy D. Motto (Signature)		Il Abba form must be accompt	releg by a tabulation of the designer	
			it tests taken on the well in acco	IGANCE WITH RULE 111.	
		Id Operations Manager All sections of this form must be filled out completely for all			
	(Ti	(cle)	able on new and recompleted w	e115.	

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.