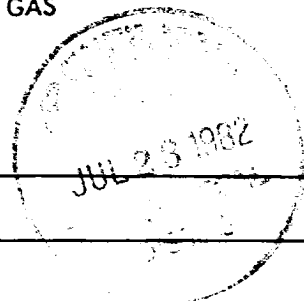


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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65



I. Operator  
Union Texas Petroleum Corporation  
Address  
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
~~Change of Ownership to~~  
~~Unicon Producing Company successor to~~  
~~Supron Energy Corporation~~

If change of ownership give name and address of previous owner  
Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87400

II. DESCRIPTION OF WELL AND LEASE

Lease Name ZACHRY	Well No. 20	Pool Name, Including Formation WILDCAT CHACRA	Kind of Lease State, Federal or Fee FED SF	Lease 08072
Location Unit Letter <u>N</u> ; <u>805</u> Feet From The <u>SOUTH</u> Line and <u>1776</u> Feet From The <u>WEST</u> Line of Section <u>33</u> Township <u>29 NORTH</u> Range <u>10 WEST</u> , NMPM, <u>SAN JUAN</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Southern Union Gathering Co.	First International Building Dallas, Texas 75201	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 33
	Twp. 29N	Rge. 10W
	Is gas actually connected? YES	When 5/1/80

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'v.	Diff. F
		XX	XX					
Date Spudded 12/17/79	Date Compl. Ready to Prod. 03/24/80		Total Depth 3260		P.B.T.D. 3217			
Elevations (DF, RKB, RT, GR, etc.) 5799 RKB	Name of Producing Formation CHACRA		Top Oil/Gas Pay 2996		Tubing Depth 3260			
Perforations 2996-3108					Depth Casing Shoe 3260			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8	7-5/8 26.4#		212		100			
6-3/4	4-1/2 10.5#		3260		335			
	1-1/2 IJ 2.7#		3135					

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 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 Prod. 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

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.

Union Texas Petroleum Corporation

Vice-President

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19

BY Original Signed by FRANK L. 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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.

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

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

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