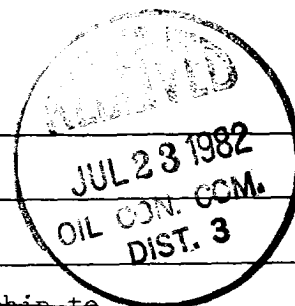


SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-1  
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"/>	Unicon Producing Company successor to
Change in Ownership <input checked="" type="checkbox"/>	Supron Energy Corporation
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
REID "B"	1-E	Undesignated Chacra	State, Federal or Fee FED NM	0702
Location				
Unit Letter I	1760	Feet From The SOUTH	Line and 1080	Feet From The EAST
Line of Section 31	Township 29 NORTH	Range 10 WEST	, NMPM, SAN JUAN County	

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 Sec. Twp. Rge. Is gas actually connected? When
I 31 29N 10W	YES 12/29/81

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'v.
XX		XX						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/06/80	07/03/81	6480	6462					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5628 RKB	CHACRA	2788	NO TUBING					
Perforations						Depth Casing Shoe		
2788-2899						6480		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24.0#	267	275
7-7/8"	4-1/2" 10.5#	6480	1200 (3 stages)
	NO TUBING		

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 allowable 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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  
JUL 23 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR DIST #1

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

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

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 multiple