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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
DOOD ATION OFFICE		1	i

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

-	FILE	AND AND NATURAL BY E				
}	U.S.G.S.  LAND OFFICE  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL BALL OF INC.					
-	TRANSPORTER OIL SEP 12			SEP 12 1983		
				•		
1.	OPERATOR PRORATION OFFICE	DIST. 3				
Union Texas Petroleum Corporation						
	Address	n Now Movico				
P.O. Box 808, Farmington, New Mexico  Reason(s) for filing (Check proper box)  Other (Please explain)						
	New Well	Change in Transporter of:	Temporary Gas Sal	es Contract Expired.		
	Recompletion	Oil Dry Gas	Reconnect to Perm	anent Gas Purchase.		
	Change in Ownership	Casinghead Gas X Condense	ate [_]			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including For	mation Kind of Lease	Lease No.		
	Pierce "A"  2E Wildcat Gallup  State, Federal or Fee Federal SF 080724					
Location						
	Unit Letter E : 18	330 Feet From The North Line	and 860 Feet From 7	The West		
	24	wnship 29N Range 10W	, NMPM, San Jua	in County County		
	Line of Section 34					
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which appro	ved copy of this form is to be sent)		
	Name of Authorized Transporter of OI	v or Consensate	P.O. Roy 108 Farmingto	on. NM 87499		
	Plateau, Inc. Name of Authorized Transporter of Co	singhead Gas X or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent;		
	Union Texas Petroleum	Corporation		.0. Box 808, Farmington, NM 87499		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually commerce.	9/29/81		
	give location of tanks.	E 34 29N 10W	Yes	J [ ] [ ]		
187	If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool, g		Plug Back   Same Res'v. Diff. Res'v.		
1 V	<del></del>	(Y)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Hes'v.		
	Designate Type of Completi	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Dane Spudded	06/05/81	6586'	65421		
	01/10/81 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	5656 RKB	Gallup	5412'	5897 Depth Casing Shoe		
	Perforations			6581'		
	5412'-5977' TURING CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-3/4"	8-5/8", 24.0#	292	250 90 cu.ft. (1st Stage)		
	7-7/8"	5-1/2", 15.5#	6581	600 SX (3rd Stage)		
		2-1/16" IJ 3.25#	5897			
_	V. TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)					
V	OIL WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Length of Tool		The state of the s	Gas • MCF		
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.			
	GAS WELL		1-11-0	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Granty or Companie		
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	I dough Liessma ( punc_zm )				
	CENTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION		
V	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			SFP 1 2 1983		
			APPROVED ILL. EDANY T MAYET			
			BY Original Signed by FRANKA THE SUPERVISOR CHUTRICT 等等 TITLE Supervisor Compliance with Rule 1104.			
			TITLE	OUR LIGITIES OF		
			If this is a request for allowable for a newly drilled of despend			
	Rudy/D. Motto (5)	ignature)	well, this form must be account	well, this form must be accompanied by a testing 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.		
	Area Operations Manag	er	ll winns of this form			
		(Title)	II	to till and VI for changes of own		

September 9, 1983

(Date)

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.