

OIL CONSERVATION DIVISION		P. O. BOX 2088		SANTA FE, NEW MEXICO 87501	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
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 checked="" type="checkbox"/>			Change in Transporter of:		
Recompletion <input type="checkbox"/>			Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name New Mexico "B" Com		Well No. 1E		Pool Name, including Formation Basin Dakota	
Kind of Lease State, Federal or Fee		State		Lease No. E-9226 E-53	
Location					
Unit Letter <u>AD</u> : <u>800</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>West</u>					
Line of Section <u>16</u> Township <u>29N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Plateau Inc.			POB 26251, Albuquerque, NM 87125-6251		
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)		
Northwest Pipeline Corporation			3539 E. 30th, POB 90, Farmington, NM 87401		
If well produces oil or liquids, give location of tanks.			Is gas actually connected? When		
Unit <u>N</u> Sec. <u>16</u> Twp. <u>29N</u> Rge. <u>11W</u>			No		
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>					
Date Spudded 12/07/1981		Date Compl. Ready to Prod. 4/17/1982		Total Depth 6630	
P.B.T.D. 6578		Name of Producing Formation Basin Dakota		Tubing Depth 6392	
Elevations (DF, RKB, RT, GR, etc.) 5645 GL		Top Oil/Gas Pay 6296		Depth Casing Shoe 6626	
Perforations 6296, 98, 6307, 09, 20, 27, 83, 86, 89, 92, 95, 6401, 11, 17					
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
SACKS CEMENT		12-1/4		9-5/8" csg	
7-7/8		5-1/2" csg		316	
---		2-1/16" tbq		6628	
				6399	
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 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 1941		Length of Test 3 hrs		Bbls. Condensate/MMCF ---	
Gravity of Condensate ---		Casing Pressure (Shut-in) 1404		Choke Size 3/4"	
CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
OIL CONSERVATION DIVISION					
APPROVED <u>JUN 14 1982</u> , 19					
BY <u>Original Signed by CHARLES GHOLSON</u>					
TITLE <u>DEPUTY OIL & GAS INSPECTOR, DIST. #3</u>					
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 deviation 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 transportation, or other such change of condition.					
Separate Form C-104 must be filed for each pool in multiply completed wells.					