

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRICT	
SANTA FE	
FILE	
U.S.O.G.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

UNION TEXAS PETROLEUM CORPORATION

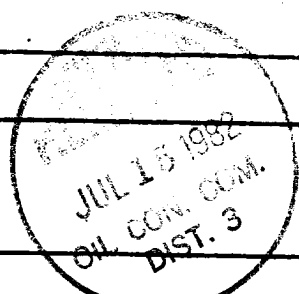
Address

1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)



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>N</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, San Juan 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)
El Paso Natural Gas Company	Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 16 29N 11W 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 12/07/1981	Date Compl. Ready to Prod. 4/17/1982	Total Depth 6630	P.B.T.D. 6578					
Elevations (DF, RKB, RT, GR, etc.) 5645 GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6296	Tubing Depth 6392					
Perforations 6296, 98, 6307, 09, 20, 27, 83, 86, 89, 92, 95, 6401, 11, 17			Depth Casing Shoe 6626					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	9-5/8" CSG	316	280
7-7/8	5-1/2" CSG	6628	1493
---	2-1/16" TBG	6399 6392	---

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 1941	Length of Test 3 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 1404	Casing Pressure (Shut-in) ---	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.

Area Operations Manager

(Title)

July 12, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 15 1982, 19BY SupervisorTITLE 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 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 transporter, or other such change of condition. Separate Forms O-104 must be filed for each pool in multiply