

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**  
Union Texas Petroleum Corporation

**Address**  
P. O. Box 1290, Farmington, New Mexico 87499

**Reason(s) for filing (Check proper box)**

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

**Other (Please explain)**

**RECEIVED**  
OCT 03 1984  
OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

<b>Lease Name</b> Calvin	<b>Well No.</b> 1-E	<b>Pool Name, including Formation</b> Basin Dakota	<b>Kind of Lease</b> State, Federal or Fee	<b>Lease No.</b> 047020-B
<b>Location</b>				
Unit Letter <u>P</u> ; <u>800</u> Feet From The <u>South</u> Line and <u>1080</u> Feet From The <u>East</u>				
Line of Section <u>26</u> Township <u>29N</u> Range <u>11W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or <b>Condensate</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
Gary Energy Corporation	P. O. Box 489, Bloomfield, N.M. 87413
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or <b>Dry Gas</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
Southern Union Gathering Company	P. O. Box 26400, Albuquerque, N.M. 87125
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Is gas actually connected?</b>
Unit <u>P</u> Sec. <u>26</u> Twp. <u>29N</u> Rge. <u>11W</u>	Yes

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Kenneth E. Roddy  
Kenneth E. Roddy (Signature)  
Area Production Superintendent  
(Title)  
9/28/84  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Quigley  
BY Frank J. Quigley  
SUPERVISOR DISTRICT 13  
TITLE \_\_\_\_\_

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.

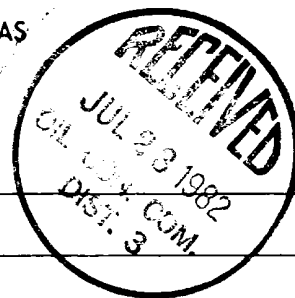
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
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 C-11  
Effective 1-1-65



1.

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 in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of Ownership to <del>Unicon Producing Company successor to Supron Energy Corporation</del>	

If change of ownership give name and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Calvin	Well No. 1-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed,	Lease No. SF047020B
Location Unit Letter <u>P</u> ; <u>800</u> Feet From The <u>South</u> Line and <u>1080</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>29 North</u> Range <u>11 West</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) 1800 First International Building Dallas, TX 75201	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 26
	Twp. 29N	Rge. 11 W
	Is gas actually connected? yes	When 7-15-81

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. Res'v.
		X						
Date Spudded 2-17-81	Date Compl. Ready to Prod. 5-27-81		Total Depth 6500		P.B.T.D. 6455			
Elevations (DF, RKB, RT, GR, etc.) 5645' RKB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6209		Tubing Depth 6345			
Perforations					Depth Casing Shoe 6345'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8", 24.00#		286		350			
7-7/8"	4 1/2", 10.50#		6470		1075 (3 stages)			
	2-3/8" EUE, 4.70#		6345					

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 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 (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

(Signature)  
Vice-President

(Title)

6/10/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19\_\_\_\_

BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

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 C-104 must be filed for each pool in multiply completed wells.