## SANTA FE REQUEST FOR ALLOWABLE FILE AND u.s.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Union Texas Petroleum Corporation Address 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295 Other (Please explain) Change of Ownership Reason(s) for filing (Check proper box) Change in Transporter of: Unicon Producing Company Dry Gas Ott Supron Energy Corporation-Condensate Change in Ownership X Casinahead Gas If change of ownership give name Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 97401 and address of previous owner \_\_\_\_ Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 97401 DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Federal 1-E Basin Dakota Julander Location 1840 South Line and 1525 Feet From The Feet From The Unit Letter San Juan ll West , NMPM, 31 Township 29 North Range Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent Name of Authorized Transporter of Oil or Condensate X P. O. Box 108, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) 1800 First International Building Dallas, TX 75201 Is gas actually connected? When Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X. Southern Union Gathering Co. Twp. Pas. Unit If well produces oil or liquids, 29N Yes give location of tanks. 31 11W

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

Date Compl. Ready to Prod.

Name of Producing Formation

8 5/8"

3/8"

Date of Test

Oil - Bbls.

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.

(Title)

(Date)

Union Texas Petroleum Corporation

Vice - President

6/11/82

Tubing Pressure

Length of Test

Tubing Pressure (Shut-in)

41/5"

2

Oil Well

12-22-81

Dakota

CASING & TUBING SIZE

New Well

TUBING, CASING, AND CEMENTING RECORD

Total Depth

Top Oll/Gas Pay

Casing Pressure

Bbls. Condensate/MMCF

Casing Pressure (Shut-is)

Woter - Bbls.

TITLE

Workover

6160'

5936'

DEPTH SET

267'

6160'

6041'

Gas Well

24.00#

10.50#

4.70#

**COMPLETION DATA** 

Perforations

OIL WELL

Length of Test

**GAS WELL** 

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

CERTIFICATE OF COMPLIANCE

Designate Type of Completion - (X)

5936-6043' (21 holes)

TEST DATA AND REQUEST FOR ALLOWABLE

10-06-81

5452 RKB

HOLE SIZE

7/8"

12½"

Date First New Oil Run To Tanks

Elevations (DF, RKB, RT, GR, etc.,

Supersedes Old C-104 and C-1 OIL CON. COM DIST. 3 Lease No. MM019407 County 03-23-82 Same Resty, Diff. Resty. Plug Back P.B.T.D. 6102<u>'</u> Tubing Depth 6041' Denth Casing Sho 6160' SACKS CEMENT 275 1150 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) Choke Size Gas - MCF Gravity of Condensate Choke Size DEPUTY OIL & GAS INSPECTOR, DIST.

OIL CONSERVATION COMMISSION

APP	ROVED			32	15 رستدند	)
BY_	Origina	Il Signe	d by Je	if Edm	ister -	
			•			-

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

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

All sections of this form must be filled out completely for allow able 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