

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
Effective 1-1-65

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

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

DESCRIPTION OF WELL AND LEASE

Lease Name SUMMIT	Well No. 10	Pool Name, including Formation WILDCAT CHACRA	Kind of Lease State, Federal or Fee FED SF	Lease No. 047019A
Location Unit Letter G ; 1650 Feet From The NORTH Line and 1690 Feet From The EAST Line of Section 33 Township 29 NORTH Range 11 WEST , NMPM, SAN JUAN County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Southern Union Gathering Co.	First International Building Dallas, Texas 75201	
If well produces oil or liquids, give location of tanks.	Unit G Sec. 33 Twp. 29N Rge. 11W	Is gas actually connected? NO When

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
Date Spudded 12/15/81	Date Compl. Ready to Prod. 01/28/82		Total Depth 2912		P.B.T.D. 2850			
Elevations (DF, RKB, RT, GR, etc.) 5572	Name of Producing Formation CHACRA		Top Oil/Gas Pay 2680		Tubing Depth NO TUBING			
Perforations 2680-2796					Depth Casing Shoe 2907			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	7-5/8 29.0#	302	300
6-3/4	2-7/8 6.5#	2907	300

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

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)
6-11-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982
BY Original Signed by Jeff Earnister

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 43

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

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

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multi-