1	NO. OF COPIES RECEIVED					
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-	SANTA FE					
1	FILE					
-	U.S.G.S.		_			
ı	LAND OFFICE					
	IRANSPORTER	OIL		_		
	INANSPORTER	GAS				
- 1	OPERATOR					
ı	PRORATION OF					

	SANTA FE FILE	1	ONSERVATIÓN COMMISSI FOR ALLOWABLE AND	S	Porm C-104 Supersedes Old C-104 and C-110 Cifective 1-1-65				
	U.S.G.S.  LAND OFFICE  I RANSPORTER  GAS  OPERATOR	AUTHORIZATION TO TRA	NSPORT OIL AND NAT	URAL GAS					
1.	PRORATION OFFICE Operator								
	Union Texas Petroleum Corporation								
	P.O. Box 808, Farming Reason(s) for filing (Check proper box,	ton, New Mexico 87499	Other (Please exp	lain)					
	New We!i  Recompletion  Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conden	Texas Petro	This well began producing into Union Texas Petroleum Corporation's pipeline on 5/2/83.					
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo		d of Lease	Lease No.				
	Pierce "A"	3 Armenta Ga	IIIup III	e, Federal or Fee	FEE				
	Unit Letter C : 850	201	o and 2010 F	eet From The <u>We</u> San Juan	County				
TT		TER OF OIL AND NATURAL GA	s						
	Na: 601 Authorized Transporter of Oll	or Condensate	Address (Give address to wh	Kloomly	Of I				
	Nane of Authorized Transforter of Casinghead Gas or Dry Gas Address (Tive address to which approved) copy of this form is to be sent)								
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. fige.	Is gas actually connected? Yes	When 5/1/8	′				
IV.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,			k   Same Resty, Diff. Resty,				
	Designate Type of Completic		New Well Workover D	eepen Plug Bac	Sume Aes V.				
	Date Spudded	Date Compl. Ready to Prod. →	Total Depth	P.B.T.D.					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing D	ssing Shoe				
	Perforations								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be o	 	f load oil and must b	e equal to or exceed top allow-				
٧.	OIL WELL  Date First New Oil Run To Tanks	able for this depth or be for full 24 hours)							
			Casing Pressure	Choke Si	120				
	Length of Test	Tubing Pressure	Water - Bbls.	Gas - MC	F				
	Actual Prod. During Test	On-Sc.							
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity (	of Condensate				
	Testing Method (pitot, back pr.)	Tubing Freesews (Shut-in)	Casing Pressure (Shut-in	) Choke Si	ize				
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAY 1 2 1983						
	I hereby certify that the rules and a Commission have been complied wabove is true and complete to the	BY Stank Lavey							
		DAA	TITLE		SUPERVISOR DISTRICT # 3				
	Kenneth E. Roddy (Signal Area Production Super	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 sllow-							
	May 10, 1983	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.							

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.