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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-110
 Effective 1-1-65

RECEIVED

3079/N
 2-22-83

OIL CON. DIV.
 DIST. 9

I. Operator
 Union Texas Petroleum Corporation
 Address
 P.O. Box 808, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
 This well was placed on
 Production 1/25/83

If change of ownership give name
 and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Zachry	34	Armenta Gallup Extension	State, Federal or Fee Fed. SF08	0724-A
Location				
Unit Letter	I	1980 Feet From The	South	Line and 660 Feet From The East
Line of Section	34	Township	29N	Range 10W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Plateau, Inc.	P.O. Box 108, Farmington, New Mexico 87499			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Union Texas Petroleum Corporation	P.O. Box 808, Farmington, New Mexico 87499			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	I	34	29N	10W
Is gas actually connected?	When			
<input checked="" type="checkbox"/> Yes	1/16/83			

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.
XX			XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
10/19/82	12/13/82	6030		5962				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
5713 R.K.B.	Gallup	5323		5854				
Perforations	Depth Casing Shoe							
5323 - 5904 (Total of 64 holes)	6024							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 40.50#		281		360 cu. ft.			
9-7/8"	7-5/8", 26.40#		4790		2595 cu. ft. (2 Stages)			
6-3/4"	5-1/2", 15.50#		4587-6024		198 cu. ft.			
	2-3/8" E.U.E., 4.70#		5854					

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.)	
12/23/82 1-25-83	12/31/82	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	125	425	3/4"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
27 bbls.	27	0	48

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.

Kenneth E. Roddy
 Kenneth E. Roddy (Signature)

Area Production Superintendent
 (Title)

January 4, 1983
 (Date)

OIL CONSERVATION COMMISSION

JAN 25, 1983

APPROVED
 Original Signed by FRANK T. CHAVEZ

BY _____ 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.