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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 1-1-85

28.
300914

Operator Union Texas Petroleum Corporation	
Address P.O. Box 808, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zachry	Well No. 32	Pool Name, Including Formation Armenta Gallup Ext.	Kind of Lease State, Federal or Fee Fed. S.F.	Lease No. 080724-A
Location Unit Letter K ; 1895 Feet From The South Line and 2120 Feet From The West				
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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108, Farmington, NM 87499			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 808, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 34	Twp. 29N	Pge. 10W
		Is gas actually connected? NO YES		When 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10/28/82	Date Compl. Ready to Prod. 12/8/82		Total Depth 6059		P.B.T.D. 6016			
Elevations (DF, RKB, RT, GR, etc.) 5735 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5475		Tubing Depth 5899			
Perforations 5475 - 5993 (Total of 72 holes)				Depth Casing Shoe 6059				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4", 40.50#	335	366 cu. ft.
9-7/8"	7-5/8", 26.40#	4775	1921 cu. ft. (2 stages)
6-3/4"	5-1/2", 15.50#	4603-6059	441 cu. ft.
	2 3/8" E.U.E., 4.70 #	5899	

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 12/21/1982	Date of Test 12/24/1982	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 30 P.S.I.G.	Casing Pressure 125 P.S.I.G.	Choke Size 3/4"
Actual Prod. During Test 124 bbl.	Oil - Bbls. 124	Water - Bbls. -0-	Gas - MCF 50

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

December 28, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____ Original Signed by FRANK T. CHAVEZ

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.