NO IF COPIES HEC	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		l	
LAND OFFICE		I	
TRANSPORTER	OIL		<u> </u>
	GAS	I	
OPERATOR		İ	
BRODATION OFFICE			

April 18, 1983

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FILE	K C G C C	AND	Effective 1-1-65
		AND	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	. GAS
LAND OFFICE	 		353/N 2
TRANSPORTER OIL			772/1/1/19
GAS			こうさ 注 ジェージ
OPERATOR			r A
PRORATION OFFICE			('
Operator	<u> </u>		
Water Towns Dotrol	our Corporation		
Union Texas Petrol	edm Corporation		
P.O. Box 808, Farm	ington, New Mexico 87499	LOUIS (DL)	
Reason(s) for filing (Check proper	box)	Other (Please explain)	
New Well	Change in Transporter of:	This well begar	n producing into UTP
Recompletion	Oil Dry C	Gas 🔲 pipeline on 4/	11/83 for tests.
Change in Ownership	Casinghead Gas Cond	ensate	•
If change of ownership give nan	ne		
and address of previous owner.			
I. DESCRIPTION OF WELL A	ND LEASE		
Lease Name	Well No. Pool Name, Including	f.	l -
Congress	11 Wildcat Gal	lup State, Fede	eral or Fee Federal SH047020-B
Location	1 - 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
1 —	1905 South	ine and 830 Feet Fro	_ East
Unit Letter ;	1905 Feet From The South L	ine and Feet From	m The
·	0.037	1111	luan
Line of Section 35	Township 29N Range	11W , NMPM, San	Juan County
L DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	AS	
No e of Authorized Transporter o	f Cil X or Condensate	Address (Give address to which app	proved copy of this form is to be sent;
Plateau, Inc.		P.O. Box 489, Bloomfi	eld, New Mexico 87413
	Casinghead Gas X or Dry Gas		proved copy of this form is to be sent)
		P.O. Box 808, Farming	
Union Texas Petrol			<u> </u>
If well produces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connected?	When
give location of tanks.	1 35 29N 11W	Yes	4/10/83
	d with that from any other lease or pool	in the same of the	
Designate Type of Compl	Date Compl. Ready to Prod.	XX Total Depth	P.B.T.D.
12/5/82	2/1/83	5980	5970
Elevations (DF, RKB, RT, GR, et		Top Oll/Gas Pay	Tubing Depth
	Gallup	5380	5836
5705 R.K.B.	Garrup	1 3300	Depth Casing Shoe
Periorations	~ 00 1 1 \		5980
5380 - 5951 (Total	of 89 noies)		_ 3300
		ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4", 40.50# /-5/8", 26.40#	274	326 cu. ft.
9-7/8"	7-5/8", 26.40#	5330	4042 cu. ft. (2 stages)
6-3/4"	5-1/2", 15.50#	5143 - 5980	150 cu. ft.
- J.	2-3/8" E.U.E., 4.70#	5836	
))
	I FOR ALLOWABLE (Test must be	after recovery of total volume of load of depth or be for full 24 hours)	oil and must be equal to or exceed top allow
OIL WELL	able for this	Producing Method (Flow, pump, gas	
Date First New Oil Run To Tanks		Producing Method (Flow, pump, gus	11/1, 610.7
4/13/83	4/16/83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	35	215	1-1/4" Gas-MCF
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF
		0	314
70 bbls.	70	<u> </u>	
GAS WELL		I AND A STATE OF THE STATE OF T	Complete of Condensate
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
		OIL CONSERV	VATION COMMISSION
I. CERTIFICATE OF COMPLI	CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION		
		APPR 21 1	983
I hereby certify that the rules	and regulations of the Oil Conservation	· 11	
Carratanian hous been compli	ed with and that the information gives	I I Uridinal Stanca by FRA"	K 1 'HAVEZ
above is true and complete to	the best of my knowledge and belief	. -	
		TITLE	
/ /	TITLE SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with RULE 1		
V = U - V			n compliance with RULE 1104.
sensoth E. Kall	EU	If this is a request for all	lowable for a newly drilled or despende
Kenneth E. Roddy	Sjenature)	well, this form must be accome tests taken on the well in ac	panied by a tabulation of the deviation cordance with RULE 111.
Area Production Supe	/ rintendent	tests taken on the watt in ec	must be filled out completely for allow
ALEA FIGURELION Supe.		All sections of this form	mant he tried and combineral to attom.

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.