(HO. S. COPIES RECEIVED					
1	DISTRIBUTION					
1	SANTA FE					
	FILE					
	U.S.G.S.					
1.	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS				
	OPERAT OR					
	PRORATION OFFICE			L		
	Operator					
	Union Texas Petroleu					
	Address					
	P. 0 Box 1290, Farmi					
	Reason(s) or filing (Check proper be					
	New Well					
	Recompletion					

Sertember 26, 1983

(Date)

	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
ł	U.S.G.S.	ALITHOPIZATION TO TRANSPORT OIL AND NATURAL GAS						
	TRANSPORTER OIL GAS OPERATOR							
Į								
1.	Operator Operator	PRORATION OFFICE Derailor						
	Union Texas Petrol	eum Corporation	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	P. O. Box 1290, Farmington, New Mexico 87499							
1	Reason(s) or filing (Check proper i	Change in Transporter of:	- Comer () rease experience	50,07.3				
	Recompletion	oletion Dry Gas Dry Gas						
	Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner	e						
II.	I. DESCRIPTION OF WELL AND LEASE Lease N							
	Lease Name Zach ny	1 1	went No. Poor Name, increasing a state of					
	Location	THINCHE GALLE		Mant				
	Unit Letter # E; 1846 Feet From The North Line and 621 Feet From The West							
	Line of Section 35 Township 29N Range 10W , NMPM, San Juan County							
111.	DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)				
	Dlateau Inc			l de la companya de				
	Name of Authorized Transporter of	Casinghead Gas (X) or Dry Gas	P. O. Box 489, Bloomfield, N.M. 87413 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1290, Farmington, N.M. 87499					
	Union Texas Petrole	eum Corporation Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en				
	If well produces oil or liquids, give locat on of tanks.	G 35 29N 10W	Yes	5-27-83				
JV.	If this production is commingled COMPLETION DATA	with that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Compl	etion - (X) Gas Well	XX					
	Date Spudied	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 6014				
	3-18-83 Elevations (DF, RKB, RT, GR, etc.)	5-16-83 Name of Producing Formation	6060 Top Oil/Gas Pay	Tubing Depth				
	5645 R.K.B.	Gallup	5418	5903 Depth Casing Shoe				
	Perforations 5418 - 5991	6060						
	3416 - 3331		D CEMENTING RECORD	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	275 sx. 325 cf				
	13-3/4"	9-5/8", 36.00#, K-55 7", 23.00#, K-55	50001	1550 sx. (2 stages) 48				
	8-3/4" 6-1/4"	4-1/2", 10.50#, K-55	5150-6060'	125 🚓				
		12 3/8" / 70# 1-55	5903'					
V.		FOR ALLOWABLE (Test must be a able for this do	after recovery of total volume of load of epth or be for full 24 hours)	and must be equal to be exceed top over				
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
	5-27-83			Choke Size				
	Length of Test	Tubing Pressure	350	1-1/4"				
	24 hours Actual Prod. During Test	Oil - Bbls.	Water-Bbis.	Gas-MCF				
	27 bb1.	27	1	175				
GAS WELL Growthy of Condensate								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Cendensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI	. CERTIFICATE OF COMPL	IANCE	OIL CONSERVATION COMMISSION					
* 4			APPROVED, 19					
		and regulations of the Oil Conservation led with and that the information given						
	above is true and complete to	the best of my knowledge and belief.	TITLE					
		DM	TITLE with But F 1104.					
	1 AL	- Kolller	11	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Almosh boddy	(Signature)	well, this form must be accomp					
	Area Production S	·	tests taken on the well in accordance with the sections of this form must be filled out completely for allow-					
	nied rioduction 5	(Title)	able on new and recompleted wells.					

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.