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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 1-1-85

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JUL 21 1983

I. Operator
 Union Texas Petroleum Corporation **OIL CON. DIV.**
 Address: **DIST. 3**
 P. O. Box 808, Farmington, New Mexico 87499

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

Other (Please explain):
 This well began producing into UTP pipeline on 5/19/83 for testing.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zachry	Well No. 52	Pool Name, including Formation Armenta Gallup Ext.	Kind of Lease State, Federal or Fee	Fed.	SF	Lease No. 080724-A
Location: Unit Letter: 0 ; 744 Feet From The South Line and 1850 Feet From The East						
Line of Section 35 Township 29N Range 10W , N.M.P.M. 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 489, Bloomfield, N.M. 87413					
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, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	0	35	29N	10W	Yes	5/17/83

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	Deeper	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded 3/28/83	Date Compl. Ready to Prod. 4/27/83		Total Depth 6168		P.B.T.D. 6128			
Elevations (DF, RKB, R7, GR, etc.) 5777 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5516		Tubing Depth 5891			
Perforations 5516 - 6120					Depth Casing Shoe 6168			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8", 24.00#, X-45		296		306 cu. ft.			
7-7/8"	5-1/2", 15.50#, K-55		6167		2554 cu. ft. (3 stages)			
	2-3/8", E.U.E., 4.70#		5891					

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)

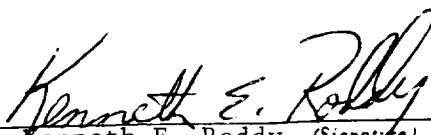
Date First New Oil Run To Tanks 5/19/83	Date of Test 5/24/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 35	Casing Pressure 254	Choke Size 1-1/4"
Actual Prod. During Test 30 bbl. oil	Oil-Bbls. 30	Water-Bbls. 0	Gas-MCF 166

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 (Signature)
 Area Production Superintendent
 (Title)

July 19, 1983

(Date)

OIL CONSERVATION COMMISSION

7-29-83
 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.