		/		
10. OF COPIES RECEIVED		/		
DISTRIBUTION		/		
SANTA FE	NEW MEXICO O	IL CONSERVATION COMMISSION	Porm C. Lo.	
FILE	REQUE	REQUEST FOR ALLOWABLE Form C-104 Supersides Old C-104 and C		
U.S.G.S.	 	AND	bolech we'leler	
LAND OFFICE	AUTHORIZATION TO	TRANSPORT OIL AND NATUR	RAI GASA SI	
	+			
TRANSPORTER GAS	+	1 M 4.	30. 15 10	
OPERATOR	+	5011-0	E M . Care	
PRORATION OFFICE	+	307,-14		
Operator			(
, '				
Union Texas Petro	leum Corporation			
)	•		0,	
P. U. BOX 1290, Fa	armington, New Mexico 87	499		
Reason(s) for filling (t.neck proper	box)	Other (Please explain	J.	
New Well	Change in Transporter of:			
Recompletion	Oil Dry	Gas Dingling	gan producing into UTPC	
Change in Ownership	Casinghead Gas Cor	ndensate Pipeline on	9/12/83 for testing.	
If change of annual in it				
If change of ownership give nar and address of previous owner	ne			
•				
II. DESCRIPTION OF WELL A	ND LEASE			
Lease Name	Well No. Pool Name, Including	g Formation Kind of	Lease	
Reid "B"	1 _ 1	*.	Lease No.	
Location	4 Undesignated	1 Gallup Side, F	ederal or Fee Fed. NM0702	
Unit Letter D	825 Feet From The	222		
Jan Letter;	825 Feet From The	Line and <u>825</u> Feet i	From The West	
Line of Section 31	Township 20N Bange	10W NADA Sa	•	
	Township 29N Range	TOW , NMPM, Sa	an Juan County	
I. DESIGNATION OF TRANSPO	OBTER OF OUR AND ALLER			
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL (GAS		
Plateau, Inc.	or Condensate	Address (Give address to which a	approved copy of this form is to be sent)	
Name of Authorized Transporter of	Control of Carlo	P. O. Box 489, Bloc	omfield, N.M. 87413	
		Address (Give address to which a	approved copy of this form is to be sent)	
Union Texas Petrolo		<u> </u>	rmington, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected?	When	
<u> </u>	D 31 29N 10W		9/10/83	
If this production is commingled	with that from any other lease or poo	1, give commingling order number:		
V. COMPLETION DATA				
Designate Type of Comple	ction - (X)	New Well Workover Deeper	n Plug Back Same Res'v. Diff. Res'v.	
	XX	XX		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
4/1/83	4/28/83	5950	5906	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
5918 R.K.B.	Gallup	5357		
Perforations		1 3331	5742	
5357 - 5898		`	Depth Casing Shoe	
	TUBING CASING AN	ND CEMENTING RECORD	5950	
HOLE SIZE	CASING & TUBING SIZE			
13-3/4"	9-5/8", 36.00#, K-55	DEPTH SET	SACKS CEMENT	
8-3/4"		29 D	250 sacks	
6-1/4"	7", 23.00#, K-55 4-1/2" 10.50# K-55	5210	1085 sacks (2 stages)	
0-1/4		499 6 9 - 5950	125 sacks	
TERES DAMA AND DESCRIPTION		5742		
. TEST DATA AND REQUEST OIL WELL		after recovery of total volume of load	oil and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	septh of be for full 24 hours		
		Producing Method (Flow, pump, ga	s lift, etc.)	
9/12/83 Length of Test	9/25/83	Flowing		
1	Tubing Pressure	Casing Pressure	Choke Size	
24 hours	89	171	1-1/4"	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
No Oil	None	0	224	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
<u>\</u>			C.a.i., o. Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

Casing Pressure (Shut-in)

TITLE.

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.

(Title)

(Date)

APPROVED. Mariewill Fre Charle BY_ SUPERVISOR DESCRIPTION OF S

Choke Size

11	_	200
Tenneth	Έ,	Roday
Kenneth E.	Roddy	(Signature)

This form is to be filed in compliance with RULE 1104.

Area Production Superintendent

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.

September 29, 1983

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