

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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 1-1-65

OIL CON. DIV.]  
DIST. 3

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 type="checkbox"/>	This well began producing into UTP pipeline on 6/23/83 for testing.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <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. 47	Pool Name, including Formation Armenta Gallup <del>Pool</del>	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 080724-A
Location				
Unit Letter M	495	Feet From The South	Line and 495	Feet From The West
Line of Section 34	Township 29N	Range 10W	, NMFM, 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. Rge. Is gas actually connected? When
	M 34 29N 10W Yes 6/22/83

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 Rest'v. <input type="checkbox"/> Diff. Rest'v. <input type="checkbox"/>		
Date Spudded 4/5/83	Date Compl. Ready to Prod. 6/2/83	Total Depth 6100	P.B.T.D. 6055
Elevations (DF, RAB, RT, GR, etc.) 5756 R.K.B.	Name of Producing Formation Gallup	Top Oil/Gas Pay 5466	Tubing Depth 5961
Perforations 5466 - 6045			Depth Casing Shoe 6100
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36.00#, K-55	327 ft.	307 cu. ft.
8-3/4"	7", 23.00#, K-55	5370 ft.	2568 cu. ft. (2 stages)
6-1/4"	4-1/2", 11.60#, K-55	5189 ft. - 6100 ft.	179 cu. ft.
	2-3/8", E.U.E., 4.70#	5961 ft.	

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 6/23/83	Date of Test 7/6/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 35	Casing Pressure 332	Choke Size 1-1/4"
Actual Prod. During Test 5 bbl. of oil	Oil - Bbls. 5	Water - Bbls. 5	Gas - MCF 94

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  
Kenneth E. Roddy (Signature)  
Area Production Superintendent  
(Title)

July 19, 1983

(Date)

OIL CONSERVATION COMMISSION

7-21-83  
APPROVED

JUL 20 1983

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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.