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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

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JUL 21 1983

OIL CON. DIV.
DIST. 3

I. Operator
Union Texas Petroleum Corporation
Address
P. O. Box 808, Farmington, New Mexico 87499
Reason(s) for filing (Check proper box):
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain):
This well began producing into UTP pipeline on 5/26/83 for testing.
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Zachry	45	Armenta Gallup EXE.	State, Federal or Fee Fed. SF	080724-A
Location: Unit Letter 0 : 825 Feet From The South Line and 1980 Feet From The East Line of Section 33 Township 29N Range 10W, NMPM, 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	33	29N	10W	Yes	5/25/83

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	Deepen	Plug Back	Same Res't.	Diff. Res't.
XX			XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
4/21/83	5/5/83	6130	6080					
Elevations (D.F., R.H.B., RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5789 R.K.B.	Gallup	5406	5934					
Perforations	Depth Casing Shoe							
5406 - 6080	6130							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8", 36.00#, K-55		308		325 cu. ft.			
8-3/4"	7", 23.00#, K-55		5416		2949 cu. ft. (2 stages)			
6-1/4"	4-1/2", 11.60#, K-55		5224 - 6130		186 cu. ft.			
	2-3/8", E.U.E., 4.70#		5934					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/26/83	6/8/83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	40	259	3/4"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
3 bbl. of oil	3	0	76

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

7-29-83
APPROVED _____, 19 _____

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.