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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

3102/21
3022/122
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 7/25/83 for tests.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Congress	Well No. 14	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047020-B
Location Unit Letter A ; 445 Feet From The North Line and 953 Feet From The East Line of Section 35 Township 29N Range 11W , 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 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"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 808, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35	Twp. 29N	Rge. 11W	Is gas actually connected? yes	When 7/24/83

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'v.	Diff. Res'v.
XX			XX					
Date Spudded 4/21/83	Date Compl. Ready to Prod. 6/17/83		Total Depth 6013		P.B.T.D. 5975			
Elevations (DF, RKB, RT, GR, etc.) 5644 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5359		Tubing Depth 5920			
Perforations 5359 - 5972					Depth Casing Shoe 6013			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8", 36.00#, K-55		321		325 cu. ft.			
8-3/4"	7", 23.00#, K-55		5254		1815 cu. ft. (2stages)			
6-1/4"	4-1/2", 11.60#, K-55		5039 - 6013		199 cu. ft.			
	2-3/8", E.U.E., 4.70#		5920					

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 7/25/83	Date of Test 7/31/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 108	Choke Size 3/4"
Actual Prod. During Test 40 bbl.	Oil-Bbls. 40	Water-Bbls. 2	Gas-MCF 185

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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)

August 17, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

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.