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U.S.G.S.		<u> </u>	
LAND OFFICE			<u> </u>
TRANSPORTER	OIL		
	G A S		
OPERATOR			
			T

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

-	SANTAFE	REQUEST F	OR ALLOWABLE	Effective 1-1-65	
	FILE		AND	CAE	
-	U.S.G.S.	AUTHORIZATION TO TRAF	NSPORT OIL AND NATURAL	GAS	
	LAND OFFICE				
	TRANSPORTER OIL		ID) la		
	GAS	1	IN S	* ** ** # # #	
L	OPERATOR	Å	12	נטו	
1.	PRORATION OFFICE			JUL 2 1 1983	
Γ	Operator				
ı	Union Texas Petroleum	Corporation	O!L	CON. DIV.	
-	Address	07100		DIST. 3	
	P. O. Box 808, Farmin	gton, New Mexico 87499		DI31. 3	
1	Reason(s) for filing (Check proper box,	•	Other (Please explain, This well began	producing into UTP	
- 1	New Well	Change in Transporter of:	nineline on 6/1	6/83 for testing.	
İ	Recompletion	Oil Dry Gas	by the state of th	, , , , , , , , , , , , , , , , , , , ,	
-	Change Ownership	Casinghead Gas Condens	sate		
L					
	If change of ownership give name				
	and addre: of previous owner				
	DESCRIPTION OF WELL AND	I FASF			
II.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Le	ase Lease No.	
		12 Undesignated	Gallup State, Fede	eral or Fee Fed. SF 047019-A	
	Summit	12 Ondesignated			
ļ	Location	010 Sauth	. 2297	The West	
	Unit Letter K : 1	810 Feet From The South Line	e and <u>4471</u> Feet Fro	m ine	
		1	III Supu San	Juan County	
	Line of Section 34 To	wr.ship $29\mathrm{N}$ Range $1$	IW , NMPM, San	Juan	
			_		
H.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S todross (Give address to which app	proved copy of this form is to be sent)	
	Name of Authorized Transporter of GL	or Condensate			
	Plateau, Inc.		P. O. Box 489, Blooms	proved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca	singhead Gas 😿 💮 or Dry Gas 🦳			
	Union Texas Petroleum		P. O. Box 808, Farmin		
		Unit Sec. Twp. Age.	Is gas actually connected?	When	
	li well produces cil or liquids, give location of tanks.	K 34 29N 11W	Yes	6/14/83	
		the state of the state of pool	give commingling order number:		
		th that from any other lease or pool,	give comminguing or an arrangement		
IV.	COMPLETION DATA	Oii Weli Gas Weli	New Well Workover Deepen	Flug Back   Same Resty, Diff. Resty.	
	Designate Type of Completi	on $= (X)$ $XX$	XX		
		Date Compl. Ready to Prod.	Total Depth	F.B.T.D.	
	Date Spudded		6011	5967	
	5/4/83	5/31/83 Name of Producing Formation	Tor Cil/Gas Pay	Tuking Depth	
	Elevations (DF, RAE, RT, GR, etc.)		5353	5676	
	5674 R.K.B.	Gallup	1 3333	Depth Casing Shoe	
	Perforations			6011	
	5353 - 5928		CENTRAL DECORD	0011	
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	319 cu. ft.	
	13-3/4"	9-5/8", 36.00#, K-55	317	3292 cu. ft. (2 stages	
	8-3/4"	7", 23.00#, K-55	5255		
	6-1/4"	4-1/2", 11.60#, K-55	5028 - 6011	213 cu. ft.	
		2-3/8", E.U.E., 4.70#	5676		
	THE REST AND DESCRIPTION	COR ALLOWARIE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow	
V.		able for this de			
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	
		6/25/83	Pumping		
	6/16/83	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test		72	1-1/4"	
	24 hours	40	Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	1	390	
	55 bbl. oil	55	1		
	·	7			
	GAS WELL			Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	3.3	
	!			Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	A second of the				
	The second secon	NCE	OIL CONSER	EVATION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE		7-29-83 APPROVED			
			APPROVED		
		regulations of the Oil Conservation	0:: 10: 11 FDA		
	I hereby certify that the rules and regulation of the commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Signed by FKA	BY Original Signed by FRANK T. CHAVEZ	
			SUPERVISOR DISTRICT # 3		
		_	0 TITLE		

Roddy Area Production Superintendent

(Date)

July 19, 1983

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 rests 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.