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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

3063110-83  
11-14-83  
RECEIVED  
SEP 12 1983

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 9/2/83 for testing.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Albright	Well No. 13	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 077865
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>2051</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>29N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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, New Mexico 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, New Mexico 87499			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 15	Twp. 29N	Rge. 10W
	Is gas actually connected? Yes		When 8/31/83	

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/1/83	Date Compl. Ready to Prod. 6/29/83		Total Depth 6485		P.B.T.D. 6455			
Elevations (DF, RKB, RT, GR, etc.) 5764 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5657		Tubing Depth 6395			
Perforations 5657 - 6448				Depth Casing Shoe 6485				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8", 36.00#		316'		325 cu. ft.			
8-3/4"	7", 23.00#		5510'		2161 cu. ft. (2 stages)			
6-1/4"	4-1/2", 11.60#, N-80		5307'-6485'		214 cu. ft.			
	2-3/8", E.U.F., 4.70#		6395'					

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 9/2/83	Date of Test 9/7/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 318	Choke Size 1"
Actual Prod. During Test 43 bbl.	Oil-Bbls. 43	Water-Bbls. 0	Gas-MCF 191

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)

September 9, 1983

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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.