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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes O.C. 104 and C-110
Effective 1-1-83

30621N
11-14-83
RECEIVED
SEP 12 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 8/31/83 for tests.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Albright	Well No. 10	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 077865
Location Unit Letter <u>C</u> ; <u>964</u> Feet From The <u>North</u> Line and <u>1854</u> Feet From The <u>West</u> Line of Section <u>22</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, 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 <u>C</u>	Sec. <u>22</u>	Twp. <u>29N</u>	Pge. <u>10W</u>
	Is gas actually connected?		When <u>8/30/83</u>	

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 <u>5/18/83</u>	Date Compl. Ready to Prod. <u>6/4/83</u>		Total Depth <u>6414</u>		P.B.T.D. <u>6369</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5686 R.K.B.</u>	Name of Producing Formation <u>Gallup</u>		Top Oil/Gas Pay <u>5538</u>		Tubing Depth <u>5944</u>			
Perforations <u>5538 - 6161</u>					Depth Casing Shoe <u>6414</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13-3/4"</u>	<u>9-5/8", 36.00#</u>		<u>317</u>		<u>325 cu. ft.</u>			
<u>8-3/4"</u>	<u>7", 23.00#</u>		<u>5400</u>		<u>2381 cu. ft. (2 stages)</u>			
<u>6-1/4"</u>	<u>4-1/2", 11.60#</u>		<u>5211 - 6414</u>		<u>210 cu. ft.</u>			
	<u>2-3/8", E.U.E., 4.70#</u>		<u>5944</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>8/31/83</u>	Date of Test <u>9/5/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>40</u>	Casing Pressure <u>301</u>	Choke Size <u>7/8"</u>
Actual Prod. During Test <u>28 bbl.</u>	Oil-Bbls. <u>28</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>264</u>

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

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.