HOUSE COPIES RECT	IVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

September 9, 1983

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supercodes Old C-104 and C-110

SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65		
FILE	AND /				
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE	_	AND BEET BEET BEET BEET BEET BEET BEET BEE			
TRANSPORTER OIL	_	20651,50			
GAS	_) PI, VC	u		
OPERATOR		11	- 1		
PRORATION OFFICE					
Operator			ULL CON. DIV.		
Union Texas Petroleum	Corporation		75 4 75 FF - 6		
Address	•		DISI. 3		
P. O. Box 808, Farmin	gton, New Mexico 87499				
Reason(s) for filing (Check proper ba)x)	Other (Please explain)			
New Well	Change in Transporter of:		an producing into UTP		
Recompletion	Oil Dry Ga	s 🖳 pipeline on 9	/2/83 for testing.		
Change in Ownership	Casinghead Gas Conden	1 1 1 2 2			
If change of ownership give name					
and address of previous owner					
T DESCRIPTION OF WELL AND	LEASE				
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lea			
	11 Undesignated	Gallup State, Feder	ral or Fee Fed. SF 077865		
Albright	1 II Ondestignated	<u> </u>			
1	oco South	e and 860 Feet From	The East		
Unit Letter;;	.862 Feet From The South Lin	e and reet rion	The Last		
	ownship 29N Range	10W , NMPM, San	Juan County		
Line of Section 22 T	ownship 29N Hange	TOW , How way			
		e			
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)		
Name of Authorized Transporter of C		1			
Plateau, Inc. Name of Authorized Transporter of C	Dry Cas T	P. O. Box 489, Bloom Address (Give address to which appr	oved copy of this form is to be sent)		
•	• •	Address (Give address to which approved copy of this form is to be sent) P. O. Box 808, Farmington, N.M. 87499			
Union Texas Petroleum	n Corporation	Is gas actually connected?	hgton, N.M. 07499		
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually considered.			
give location of tanks.	I 22 29N 10W	Yes	8/31/83		
to this production is commingled y	with that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
Designate Type of Complete	XX = XX	\ XX \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
6/29/83	7/25/83	6342	6296		
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth		
5626 R.K.B.	Gallup	5472	6211		
Perforations			Depth Casing Shoe		
5472 - 6288			6341		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	9-5/8", 32.00#	288'	324 cu. ft.		
13-3/4"	7", 23.00#	5367'	2480 cu. ft. (2 stages		
8-3/4"	4-1/2", 11.60#	5170'-6341'	220 cu. ft.		
6-1/4"	2-3/8", E.U.E., 4.70#				
	2-3/8 , E.U.E., 4.70#	to della del	il and must be equal to or exceed top allow		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a pole for this d	epth or be for full 24 hours)	it bits indet of equal to o, occording to		
OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Date First New Oil Run To Tanks					
9/2/83	9/5/83	Flowing Casing Pressure	Choke Size		
Length of Test	Tubing Pressure		1"		
24 hours	40	308 Water - Bbls.	Gas-MCF		
24 hours Actual Prod. During Test	Oil-Bbis.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
25 bbl.	25	<u> </u>	376		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	BBIS. CONGENSATE/MMOF			
		(2)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	0		
		<u></u>			
VI. CERTIFICATE OF COMPLIA	ANCE	OIL CONSER	VATION COMMISSION 2 1983		
41. CENTIFICATE OF COMEDI		11	2 L I 1203		
و و در او در داد داد داد داد داد داد داد داد داد	APPROVED		, 19		
	I hereby certify that the rules and regulations of the Oil Conservation		CANAS A URBETA		
above is true and complete to	the best of my knowledge and belief.	elief. BY Uriginal States			
	Λ 22	SUPERVISOR DISTRICT OF C			
1/	/////				
K # C	K /////	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.			
Henneth Z. K	DHUI				
	ignature)				
Area Production Supe	erinte/hdent	. Il annione of this form	must be filled out completely for allow		
	(Title)	able on new and recompleted	wells.		

able 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.