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U.S.G.S.	
LAND OFFICE	
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

RECEIVED
OCT 24 1983
OIL CON. DIV.
DIST. 3

Operator	Union Texas Petroleum Corporation		
Address	P. O. Box 1290, Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	This well began producing into UTP pipeline on 9/27/83 for testing.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Wilson	3	Undesignated Gallup	State, Federal or Fee	NM 03369
Location				
Unit Letter	B	374	Feet From The North	Line and 2271
		Feet From The East		
Line of Section	31	Township	29N	Range 10W
		NMPM,		San Juan
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Union Texas Petroleum Corporation	P. O. Box 1290, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	B	31
		29N
		10W
Is gas actually connected?	When	
yes	9/25/83	

If this production is commingled with that from any other lease or pool, give commingling order number:

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7/19/83	8/4/83	6250	6205					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5629 R.K.B.	Gallup	5328	5783					
Perforations	Depth Casing Shoe							
5328 - 6200	6248							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36.00#	305	289 cu. ft.
8-3/4"	7", 23.00#	5260	2106 cu. ft. (2 stages)
6-1/4"	4-1/2", 11.60#	5064 - 6248	192 cu. ft.
	2-3/8", E.U.E., 4.70#	5783	

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)

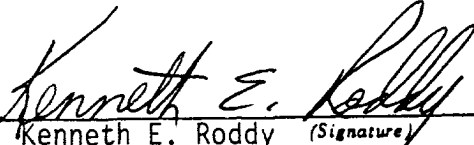
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9/27/83	10/8/83	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	250	325	1-1/4"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
8 bbl. oil	8	0	139

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

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 (Signature)
Area Production Superintendent (Title)
October 21, 1983 (Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 24 1983, 19____
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.