

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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 1-1-65

I.

Operator Union Texas Petroleum Corporation		
Address P. O. Box 808, Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	This well began producing into UTP pipeline on 7/12/83 for testing.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Summit	Well No. 15	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047019-A
Location Unit Letter C 330 Feet From The North Line and 2080 Feet From The West Line of Section 34 Township 29N Range 11W, NMPM, San Juan 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"/>	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"/>	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 C Sec. 34 Twp. 29N Rge. 11W	Is gas actually connected? Yes When 7/11/83

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'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spudded 5/27/83	Date Compl. Ready to Prod. 6/15/83		Total Depth 6216		P.B.T.D. 6176			
Elevations (DF, RAB, RT, CR, etc.) 5607 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5326		Tubing Depth 6025			
Perforations 5326 - 5970					Depth Casing Shoe 6216			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-1/2"	9-5/8", 36.00#, K-55		289		354 cu. ft.			
8-3/4"	7", 23.00#, K-55		5241		2389 cu. ft. (2 stages)			
6-1/4"	4-1/2", 11.60#, N-80		5036 - 6216		230 cu. ft.			
	2-3/8", E.U.E., 4.70#		6025					

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 7/12/83	Date of Test 7/20/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 139	Choke Size 1-1/4"
Actual Prod. During Test No Oil	Oil-Bbls. 0	Water-Bbls. 0	Gas-MCF 121

GAS WELL

Actual Prod. Test-MCF/D	Date of Test JUL 25 1983	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) OIL CON. DIV.	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

DIST. 3

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)

July 21, 1983 (Date)

OIL CONSERVATION COMMISSION

7-29-83
APPROVED

BY Original Signed by FRANK T. CHAVEZ

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.

