

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED  
APR 28 1987  
OIL CON. DIV.

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
DIST. 3

I. Operator  
Union Texas Petroleum Corporation

Address  
375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Dry Gas  
☐ Casinghead Gas  
☐ Condensate  
 Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mangum	Well No. 9	Pool Name, including Formation Aztec Fruitland <i>Ext</i>	Kind of Lease State, Federal or Fee	Lease No. NM-020982
Location Unit Letter <u>0</u> , <u>305</u> Feet From The <u>South</u> Line and <u>1572</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>29N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Union Texas Petroleum	375 US Highway 64, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> , Sec. <u>28</u> , Twp. <u>29N</u> , Rge. <u>11W</u>	Yes <u>4/20/87</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Stevie J. Kateris*  
(Signature)  
Production Engineer  
(Title)

4/23/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]*  
BY MAY 28 1987  
DEPUTY OIL & GAS INSPECTOR, DIST. #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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 4/02/87	Date Compl. Ready to Prod. 4/13/87	Total Depth 1520				P.B.T.D. 1478			
Elevations (DF, RKB, RT, CR, etc.) 5524 GL, 5536 KB	Name of Producing Formation Fruitland	Top Oil/Gas Pay 1396				Tubing Depth refusing (5" in hole)			
Perforations 1396-1414 (gross)						Depth Casing Shoe			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10-3/4	7-5/8	314	125 sxs (142 cu.ft.)
6-3/4	2-7/8	1510	240 sxs (559 cu.ft.)

#### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D 2179	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pss, back pr.) back pressure	Tubing Pressure (Shut-In) N/A	Casing Pressure (Shut-In) 386	Choke Size 3/4