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ENERGY AND MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104  
Revised 10-01-78  
Format 06-01-83  
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MAY 21 1987  
OIL CON. DIV.  
DIST. 3

I. Operator Union Texas Petroleum Corporation

Address 375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recombination	<input type="checkbox"/> Castinhead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain) \_\_\_\_\_

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Albright</u>	Well No. <u>8A</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>SF-077865</u>
Location Unit Letter <u>L</u> : <u>1908</u> Feet From The <u>South</u> Line and <u>634</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>29N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> Count				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco, Inc. Surface Trans.</u>	<u>P. O. Box 1429, Bloomfield, NM 87413</u>
Name of Authorized Transporter of Castinhead 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)
<u>Union Texas Petroleum</u>	<u>375 US Highway 64, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>L</u> Sec. <u>15</u> Twp. <u>29N</u> Rge. <u>10W</u>	Yes <u>5/4/87</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.

Robert C. Frank  
(Signature)  
Permit Coordinator  
(Title)  
May 11, 1987  
(Date)

NMOCG

OIL CONSERVATION DIVISION  
MAY 21 1987  
APPROVED \_\_\_\_\_  
BY \_\_\_\_\_  
Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT NO. 3

TITLE \_\_\_\_\_  
BY \_\_\_\_\_  
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 device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter or other such change of condition.  
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 4/4/87	Date Compl. Ready to Prod. 4/29/87		Total Depth 4874 KB			P.B.T.D. 4810 KB			
Elevations (DF, RKB, RT, CR, etc.) 5799 GL	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4219			Tubing Depth 4623 KB			
Perforations 4219-4403 gross      4452-4717 gross						Depth Casing Shoe 4874 KB liner			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	9-5/8	355	270 sxs (319 cu. ft)
8-3/4	7	2554	355 sxs (765 cu. ft)
6-1/4	4-1/2	2359-4874 (liner)	280 sxs (440 cu. ft)
	2-3/8	4623	

#### 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 3235	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-In) 1021	Casing Pressure (Shut-In) 1021	Choke Size 3/4