

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

FEB 11 1987

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/> Recompletion	<input type="checkbox"/> Casinghead 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 Albright	Well No. 7A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Fed SF-077865	Lease No.
Location Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>29N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco, Inc. Surface Trans.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Union Texas Petroleum	Address (Give address to which approved copy of this form is to be sent) 375 US Highway 64, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>22</u>
	Twp. <u>29N</u>	Rge. <u>10W</u>
	Is gas actually connected? <u>Yes</u> When <u>1/15/87</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)
February 5, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 17 1987, 19
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT # 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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 conditions.
Separate Forms C-104 must be filled 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 12/03/86	Date Compl. Ready to Prod. 12/30/86		Total Depth 4540 KB				P.B.T.D. 4496 KB		
Elevations (DF, RKB, RT, CR, etc., 5605 GL, 5621 KB	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4239				Tubing Depth 4303		
Perforations 4239-4361 gross, 4004-4125 gross							Depth Casing Shoe 4496 liner		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	9-5/8	348	225 sxs (266 cu.ft.)
8-1/2	7	2162	225 sxs (477 cu.ft.)
6-1/4	4-1/2	1904-4496 liner	400 sxs (628 cu.ft.)
	2-3/8	4303	

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 2843	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (prior, back pr.) back pressure	Tubing Pressure (Shut-In) 1018	Casing Pressure (Shut-In) 1020	Choke Size 3/4