STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

OIL CON. DIV.

Union Texas Petroleum Corporation Address 375 US Highway 64, Farmington, NM 87401 Reconcis) for filing (Check proper box) X New Well Change in Transporter of: Gesinghead Gas Condensate Change in Ownership Give name address of previous owner Change of ownership give name Address Name Well No. Pool Name, including Formation Zachry 44 Otero Chacra Unit Letter I : 1778 Feet From The South Line and 676 Feet From The East	·							
375 US Highway 64, Farmington, NM 87401	Operator	Laum Camaan	ation				• •	
375 US Highway 64,,Farmington, NM 87401 Reconcil of filing (Check proper box)		eum corpor	acton	· ······				
Change in Transporter of: Recompletion		.	NN 07401					
New Well Change in Transporter of: Recompletion	3/5 US Highway 64,	,,Farmingto	n, NM 8/401	Tout	(01	-1		
Recompletion Oil Dry Gas Change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Zachry 44 Otero Chacra State, Federal or Fee Fed SE 080724A Location Unit Letter I 1778 Feet From The South Line and 676 Feet From The East Line of Section 34 Township 29N Range 10W NMPM, San Juan County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Calinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Conoco, Inc. Surface Trans P. O. Box 1429, Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. P. O. Box 990, Farmington, NM 87401 (If well produces oil or liquids, Ont 1 34 29N 10W No Approx. 1/15/87		_		Oin	er (Piease expiai	n,		
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If well produces oil or liquids, give location of tanks. I 34 29N 10W No Approx 1/15/87	El Paso Natural Gas	Co.		P. 0	. Box 990,	Farmington.	NM 8/40	11
the state of commission is commission with that from any other lease or pool, give commingling order number:	[f well produces oil or liquids,	,	1	i •	•	:		
	desired and mich	that from any c	ther lease or pool.	give comming	ling order numb	er:		

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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.

Adet C. Trank	
(Signature)	
Permit Coordinator	
(Title)	
December 19, 1986	

(Dete)

OIL CONSERVATION DIVISION

Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3

TLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for allow able 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.

n + m t f - 1	O11 Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'y	
Designate Type of Complete	(10n - (A)	; X	X	i)	į			
Date Spudded	Date Compl. Ready to P	rod.	Total Dept	h		P.B.T.D.	· 		
10/26/86	11/22/8	3105			3074				
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
5582 GL, 5594 KB	Chacra	Chacra		2799			N/A		
Perforations 7						Depth Castr			
Chacra 27∯9-29 <u>35</u> gr	0\$\$] 3	3105		
	TUBING,	CASING, AN	D CEMENTI	NG RECORD					
HOLE SIZE	CASING & TUBI	NG SIZE		DEPTH SET	r .	SA	CKS CEMEN	Ŧ	
9-7/8	7 - 5/8			317		120 sxs (142 cu.ft.)			
6-3/4	2-7/8			3105		520 sxs (1168 cu.ft.)			
	no tubing								
			<u>i</u>						
V. TEST DATA AND REQUES	T FOR ALLOWARIE (
Off WELL	I TOR MELOWADES 1.	l'est must be a ble for this di	ifter recovery	of total volume	of load oil	and must be e	qual to or exce	ed top silou	
OIL WELL Date First New Oil Run To Tanks	Date of Test	lest must be a able for this di	epth or be for	of total volume full 24 hours) Wethod (Flow,			qual to or exce	ed top silou	
OH WELL Date First New Oil Bun To Tanks		feet must be a sble for this di	epth or be for	full 24 hours) Method (Flow,			qual to or exce	ed top silos	
Off, WELL Date First New Oil Run To Tanks Length of Test	Date of Test	feet must be a able for this d	Producing	full 24 hours) wisthed (Flow,		ft, etc.)	qual to or exce	ed top ailor	
Off, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	feet must be a able for this di	Producing i Casing Pre	full 24 hours) wisthed (Flow,		Choke Size	qual to or exce	ed top silos	
Off. WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	feet must be a able for this d	Producing Casing Pre	full 24 hours) wisthed (Flow,		Choke Size		ed top silos	
OIL WELL	Tubing Pressure Oil-Bbls.	feet must be a able for this d	Producing Casing Pre	full 24 hours) Wethod (Flow,		Choke Size		ed top silos	
Off. WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test AS WELL Actual Prod. Test-MCF/D	Cate of Teet Tubing Pressure Oil-Bbis.	ble for this di	Producing : Casing Pre Water-Bbis	full 24 hours) Wethod (Flow, seure .	pump, gas i	Choke Size	:ondenagte	ed top silos	