

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Revised 06-01-83  
**RECEIVED**  
DEC 31 1986  
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"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zachry	Well No. 44	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee Fed	Lease No. SF080724A
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	

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)
Conoco, Inc. Surface Trans/	P. O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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, give location of tanks.	Is gas actually connected? When
Unit I Sec. 34 Twp. 29N Rge. 10W	No Approx. 1/15/87

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)  
December 19, 1986  
(Date)

OIL CONSERVATION DIVISION  
DEC 31 1986  
APPROVED  
BY Original Signed by FRANK I. CHAVEZ  
SUPERVISOR DISTRICT 3

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 multiple 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 10/26/86	Date Compl. Ready to Prod. 11/22/86		Total Depth 3105			P.B.T.D. 3074			
Elevations (DF, RKB, RT, GR, etc.) 5582 GL, 5594 KB	Name of Producing Formation Chacra		Top Oil/Gas Pay 2799			Tubing Depth N/A			
Perforations Chacra 2799-2935 gross						Depth Casing Shoe 3105			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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		

#### 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 2792	Length of Test 3	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pistol, back pr.) back pressure	Tubing Pressure (shut-in) N/A	Casing Pressure (shut-in) 864	Choke Size 3/4