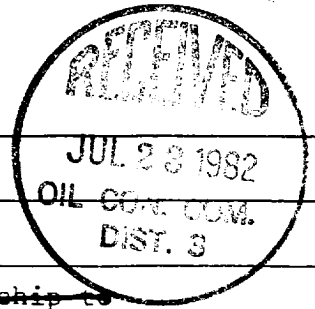


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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65



I.

Operator Union Texas Petroleum Corporation	
Address 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Change of Ownership to <del>Unicon Producing Company successor to Supron Energy Corporation</del>	
If change of ownership give name and address of previous owner <u>Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Helms Federal	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee FEderal	Lease No. NM 055507
Location Unit Letter <u>K</u> ; <u>1800</u> Feet From The <u>South</u> Line and <u>1695'</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>30 North</u> Range <u>10 West</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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Post Office Box 1492, El Paso, TX. 79978					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 22	Twp. 30N	Rge. 10W	Is gas actually connected? Yes	When 7-7-65

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
		X						
Date Spudded 11-4-64	Date Compl. Ready to Prod. 12-8-64	Total Depth 7460	P.B.T.D. 7425					
Elevations (DF, RKB, RT, GR, etc.), 6272 DF	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay -7207'	Tubing Depth 7010					
Perforations 7207-7417	Depth Casing Shoe 7460							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	10-3/4"	297'	275					
9-7/8"	7-5/8"	3093	150 sx					
6-3/4"	5"	7460	1050 cu ft					
	1 1/2"	7010'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.)

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Union Texas Petroleum Corporation

(Signature)  
Vice-President

(Title)  
6/10/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1982 19

BY Original Signed by Jeff Edmister

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 oil well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multi-