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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

(stamp) RE... JUL 23 1982 OIL CON. COM. DIST. 3
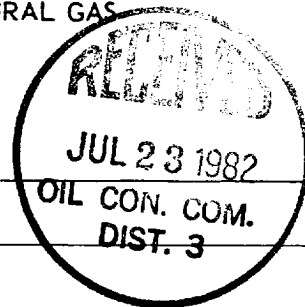
I.

Operator

Union Texas Petroleum Corporation

Address

1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

Reason(s) for filing *(Check proper box)*

New Well	☐	Change in Transporter of:		
Recompletion	☐	Oil ☐	Dry Gas ☐	
Change in Ownership	☒	Casinghead Gas ☐	Condensate ☐	

Other *(Please explain)* ~~Change of Ownership to Unicon Producing Company successor to Supron Energy Corporation~~

If change of ownership give name and address of previous owner Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Helms Federal	2	Aztec Pictured Cliffs	State, Federal or Fee Fed, NM	0555078

Location

Unit Letter K ; 1785 Feet From The South Line and 1575 Feet From The West

Line of Section 22   Township 30N   Range 10W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ | Address *(Give address to which approved copy of this form is to be sent)*

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

El Paso Natural Gas Company | Address *(Give address to which approved copy of this form is to be sent)* P. O. Box 1492, El Paso, New Mexico 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	22	30N	10W	Yes	7/17/80

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. Res'v.
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/9/80	4/3/80	3065	3055

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6282 R?K.B.	Pictured Cliffs	2851	No Tubing

Perforations		Depth Casing Shoe
2851-2927		3062

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7 5/8", 26.40#, K-55	257	100
6 3/4"	2 7/8", 6.50#, EUE	3062	225

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)*

OIL WELL

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 *(pilot, 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 23 1982

Original Signed by Jeff Edmister

BY _____

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 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.