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DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104
ANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
ILE		AND	Eugentag I-I-02
J.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
AND OFFICE			AFR.
RANSPORTER			
GAS			
PERATOR			W. B. gent gert, tyck pp. 30. (20.)
PRORATION OFFICE			JUL 2 3 1981
perator			1
Union Texas Petroleum	Corporation		OIL CON. COM
ddress			DIST. 3
1860 Lincoln Street,	Suite 1010, Denver, Col	orado 80295	
eason(s) for filing (Check proper box)		Other (Please explain)	hip to
lew Well	Change in Transporter of:	Union Broker	- A
Recompletion	Oil Dry Ga	is United Frequency	company character to
Change in Ownership X	Casinghead Gas Conder	nsate Apron Energy	
ESCRIPTION OF WELL AND I	Well No. Pool Name, including r	ormation Kind of Lea	ise Lease N
LESTER	1-A BLANCO MESAVER	RDE State, Fede	eral or Fee FEE
ocation		000	MEST
D 880) Feet From The NORTH Lir	ne and 930 Feet From	n The WESI
Unit Letter;;			
Line of Section 3 Tow	nship 30 NORTH Range 11	WEST , NMPM, SAN	JUAN Coun
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA Name of Authorized Transporter of Oil or Condensate X Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Southern Union Gathering Co.		P. O. Box 108, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) 1800 First International Building Dallas, TX 75201	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	15 gus actually	
give location of tanks.	D 3 30N 11W	YES 0	8-27-80
this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Re
Designate Type of Completion	(V)	1,1011	
Designate Type of Completion		XX	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
1/29/80	05/02/80	4690	4654 Tubing Depth
Elevations (DE, RKB, RT, GR, etc.) 5651 FT. R.K.B.	Name of Producing Formation MESAVERDE	Top Oil/Gas Pay 4316	4526
5651 Fl. K.K.B.	MESAVERDE	4310	
Perforations			Depth Casing Shoe
4316-4582			
	TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8-5/8", 24.00#	295	275
12-1/4"	5-1/2", 15.50#	4690	550 (2 stages)
7-7/8"	5-1/2, 15.30#	4030	
		fire a second of tend	oil and must be equal to or exceed top
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this c	after recovery of total volume of load depth or be for full 24 hours)	or and made on aqual to or excode top
OIL WELL	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)
Date First New Oil Run To Tanks	24.6 01 1001		
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	1 dbind Liges ma		
	O() Phia	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		
			~~
GAS WELL		101 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	ICE	OIL CONSER	EVATION COMMISSION
I. CERTIFICATE OF COMPLIANCE			
	والأراب والمستورين وال	APPROVED	
I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservatio with and that the information give he best of my knowledge and belief	n Original Same of	y A Edmister

Union Texas Petroleum Corporation

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

 (Signature)	
Vice - President	
 (Tiela)	

TITLE ___

DEPUTY GIL & 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.