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[DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104									
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- Effective 1-1-65									
	FILE	AND Ellective (-1-63									
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	LAND OFFICE										
	TRANSPORTER GAS										
	OPERATOR										
1	PRORATION OFFICE			JUI STA							
- 1	Operator O/L 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2										
	Union Texas Petroleum Corporation CON 1992										
	Address O/Sr CO										
	1860 Lincoln Street, Suite 1010, Denver, Colorado 80295										
	Reason(s) for filing (Check proper box)	Other (Please explain)									
	New Well	Change in Transporter of:	thing Dandwing	Company							
	Recompletion	Oil Dry Gas		promption							
	Change in Ownership X	Casinghead Gas Condensate Condensate									
	If change of ownership give name Stand address of previous owner	upron Energy Corporation	, P.O. Box 808, Farmingt	on, New Mexico 87401							
11	DESCRIPTION OF WELL AND I	EASE									
11.	Lease Name	Well No.; Pool Name, Including Fo	ormation Kind of Lease								
	City of Farmington	2-E Basin Dakota	State, Federal	or Fee Fed SF-078213							
	Location										
	Unit LetterD; 920 Feet From The North Line and 855 Feet From The West										
	35 Tow	mship 30N Range 13	West _{, NMPM} , San Ju	ian County							
	Line of Section Tow										
***	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s								
111.	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which approx	ed copy of this form is to be sent)							
			P. O. Box 108, Farmingt	on, NM 87401							
	Plateau, Inc. Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address Give address to which approx 1800 First International	ed copy of this form is to be sent)							
	Southern Union Gathe		Dallas, TX 75201	it bullding							
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	en .							
	If well produces oil or liquids, give location of tanks.	D 35 30N 13W	Yes	9-22-81							
		<u> </u>									
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:								
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v							
	Designate Type of Completio	n = (X)	1 1								
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	Date Spudded 11-21-80	3-3-81	6470	6423							
			Top Oil/Gas Pay	Tubing Depth							
	Elevations (DF, RKB, RT, GR, etc.) 5724 RKB	Name of Producing Formation Dakota	6238	6298'							
		Danota	0230	Depth Casing Shoe							
	Perforations			6470							
	6238-6354' TUBING, CASING, AND CEMENTING RECORD										
			Ti and the second secon	SACKS CEMENT							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	12½"	8-5/8"	345	275 (3 stages)							
	7-7/8"	412"	6470	900 (3 stages)							
		2-3/8"	6298	+							
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 allow										
٧.	OIL WELL	able for this de	pth or be for full 24 hours)								
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	it, etc.)							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF							
		1									

GAS WELL

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Length of Test

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

Vice-President

Tubing Pressure (Shut-in)

OIL CONSERVATION COMMISSION

Choke Size

Gravity of Condensate

APPROVI	JUL 2 2 1982 19							
		Signed	bv	FRANK	T.	CHAVEZ		

SUPERVISOR DISTRICT # 3

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

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 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 pleted wells.