

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
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 C-110  
Effective 1-1-65

Operator Union Texas Petroleum Corporation	
Address P. O. Box 1290, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

**RECEIVED**  
JUL 02 1984  
OIL CON. DIV.  
DIST. 3

Lease Name Federal	Well No. 1-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 080635
Location				
Unit Letter <u>J</u> ; <u>1794</u> Feet From The <u>South</u> Line and <u>1808</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>30N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

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)	
Plateau, Inc.		P. O. Box 489, Bloomfield, N.M. 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gathering Co.		2444 Louisiana Blvd NE, Albuquerque, N.M. 87110	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>18</u>	Twp. <u>30N</u> Rge. <u>12W</u>
			Is gas actually connected? <u>No</u> When _____

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			XX	XX					
Date Spudded 5/4/84	Date Compl. Ready to Prod. 6/11/84	Total Depth 6840		P.B.T.D. 6802					
Elevations (DF, RKB, RT, GR, etc.) 5929 R.K.B.	Name of Producing Formation Dakota	Top Oil/Gas Pay 6564		Tubing Depth 6713					
Perforations 6564 - 6734				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
14-3/4"	10-3/4", 40.50#		551		590 cu. ft.				
8-3/4"	4-1/2", 11.60 & 10.50#		6840		3531 cu. ft. (2 stages)				
	2-3/8" E.U.E., 4.70#		6713						

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 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 2802	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1436	Casing Pressure (shut-in) 1590	Choke Size 3/4"

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.	
<u>Kenneth E. Roddy</u> Kenneth E. Roddy (Signature) Area Production Superintendent (Title) 6/28/84 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	<u>JUL 02 1984</u> , 19
BY	Original Signed by <u>FRANK T. CHAVEZ</u> SUPERVISOR DISTRICT # <u>3</u>
TITLE _____	
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.	

