

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form O-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Union Texas Petroleum Corporation

Address  
P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:		
<input type="checkbox"/> 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	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name McCord	Well No. 8-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 078214
Location				
Unit Letter P	: 1016	Feet From The South	Line and 834	Feet From The East
Line of Section 28	Township 30N	Range 13W	NMPM, San Juan	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"/>	Address (Give address to which approved copy of this form is to be sent)
Gary Energy Corporation	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)
El Paso Natural Gas Company	P. O. Box 4990, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 28 30N 13W No

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Kenneth E. Roddy  
Kenneth E. Roddy (Signature)  
Area Production Superintendent  
(Title)

1/25/85  
(Date)

1-31-85 OIL CONSERVATION DIVISION  
APPROVED JAN 31 1985  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
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 transportation, or other such change of condition.  
Separate Forms O-104 must be filed for each pool in multiply completed wells.

RECEIVED  
JAN 28 1985

OIL CON. DIV.  
DIST. 3

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well	Gas Well XX	New Well XX	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 12/3/84	Date Compl. Ready to Prod. 1/4/85		Total Depth 6370		P.B.T.D. 6256				
Elevation (DF, AKB, RT, GR, etc.) 5576 R.K.B.	Name of Producing Formation Dakota		Top Oil/Gas Pay 6040		Tubing Depth 6168				
Perforations 6040 - 6160							Depth Casing Shoe 6370		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8", 24.00		230		188 cu. ft.				
7-7/8"	4-1/2", 10.50		6370		2490 cu. ft. 2 stages				

**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 4098	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pust, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1850	Casing Pressure (Shut-In) 2012	Choke Size 3/4"