STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

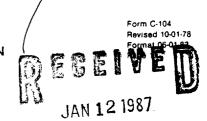
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DISTRIBUTION			
BANTA FE		I	
FILE			
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
I A A A S P UNI E A	GAS		
OPERATOR			
PROBATION OFFICE			

January 6, 1987

(Date)

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS IL CON. DIV. Operator Union Texas Petroleum Corporation Address 375 US Highway 64, Farmington, NM Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: 011 Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Lease No. Lease Name State, Federal or Fee 0xnard 1R Blanco Mesaverde Fed_SF-07B510 Location 1715 South Unit Letter NMPM. County 31N Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil P. O. Box 1429. Bloomfield. NM 87413.
Address (Give address to which approved copy of this form is to be sent) Conoco, Inc. Surface Trans. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Southern Union Gathering Co. 0. Box 1809. Bloomfield, NM 87413 Rge. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. 31N <u> Annrox. 2/01/87</u> If this production is commingled with that from any other lesse or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION 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 Original Signed by FRANK T. CHAVE2 my knowledge and belief. SUPERVISOR DISTRICT P 3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. Permit Coordinator All sections of this form must be filled out completely for allow (Title)

on new and recompleted wells.

completed wells.

Fill out only Sections I, II, III, and VI for changes of owner

name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply

3/4

D	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Rest
Designate Type of Complet	110n - (A)	, X	¦ X	1	1	į	1 .	
Date Spudded	Date Compi. Ready to	Prod.	Total Depth			P.B.T.D.		
10/17/86	12/03/86		6150			6097		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top		Top Oll/Go	Top Oil/Gas Pay		Tubing Depth		
6532 GL, 6544 KB	Blanco Me	Blanco Mesaverde 5053			5897			
Perforations	<u> </u>					Depth Cast	ng Shoe	
5053-5662 gross, 5742-6061					6140 (liner)			
	TUBING,	CASING, AN	D CEMENTI	NG RECOR	D´			
HOLE SIZE	CASING & TUB	ING SIZE	DEPTH SET			SACKS CEMENT		
13-3/4	9 - 5/8		342			200 sxs (236 cu.ft.)		u.ft.)
8-1/2	7		3750			390 sxs (950 cu.ft.)		
6-1/4	4-1/2		3526-6140			350 s	xs (5 98 c	u_ft_)
	2-3/8	5897						
7. TEST DATA AND REQUES OIL WELL	T FOR ALLOWABLE	(Test must be a able for this d	ifter recovery epth or be for	of total volum full 24 hours	ne of load oil	l and must be e	qual to or exe	sed top allo
Date First New Oil Run To Tanks	Date of Test		Producing	Method (Flow	pump, gas l	ift, etc.)		
Length of Teet	Tubing Pressure		Casing Pressure		 	Choke Size		
Actual Prod. During Teet	Oil-Bbls.	· · · · · · · · · · · · · · · · · · ·	Water - Bbis.			Gae - MCF		
AS WELL	_1		<u></u>					
Actual Prod. Test-MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate		
3168	3 hrs		N/A			N/A		
Testing Method (pitot, back pt.)	Tubing Pressure (Shut	4 - 1	Cosing Pressure (Shut-im)			Choke Size		

756

756

IV. COMPLETION DATA

back pressure