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TRANSPORTER	OIL		
	GAS		
OPERATOR		3	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Union Texas Petroleum, A Division of Allied Chemical Corporation Suite 1010, 1860 Lincoln Street, Denver, Colorado 80203 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Request new deliverability test after same reservoir workover Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Federal Johnston-Federal Blanco Mesaverde Location 1850 Feet From The north Line and 790 33 , Township Range , NMPM, 31N 9W San Juan County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Sec. Unit Rge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Gas Well Workover Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 3/20/68 3/22/68 <u>5513</u> 5370 Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Blanco Mesaverde Mesaverde Perforations Depth Casing Shoe 4782-4800, 4808-26, 4833-75, 5258-78, 5300-30, 5344-46, 5352-60 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 10-3/4" 172 160 7" <u>4677</u> <u>400</u> 5" 5394-4569 Liner 218 4-1/2" 4411 440 (circulated) (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Choke Size Casing Pressure Actual Prod. During Test Oil-Bbls. Water - Bbls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 10,200 24 hours 0.8 Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size 435 <u>Back pressure</u> VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 1968 JUN 7 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. Original Signed by Emery C. Arnold SUPERVISOR DIST. #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 FB 力しき

District Production Manage CON. JUM. (Title) DIST. 3

(Date)

___June_5,_1968_

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 Sections I, II, III, and VI only 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.