

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

RECEIVED
JUN 24 1987
OIL CONSERVATION DIVISION
SANTA FE, N.M.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Union Texas Petroleum Corporation	
Address 375 US Highway 64, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☒ Dry Gas ☐ Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Payne	Well No. 5	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No. SF080517
Location Unit Letter <u>A</u> : <u>928</u> Feet From The <u>North</u> Line and <u>964</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>32N</u> Range <u>10W</u> NMPM, San Juan				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc. Surface Trans.	P. O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Sunterra Gas Gathering Company	P. O. Box 1809, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>27</u> Twp. <u>32N</u> Rge. <u>10W</u>	

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.

Permit Coordinator

June 23, 1987

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

JUN 24 1987

APPROVED

BY

TITLE

SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or d well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely n able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of Separate Form C-104 must be filed for each pool in completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Well	Deepen	Plug Back	Same Resv.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth					P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Per					Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPT. SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Tests must be after recovery of test volume of lead oil and must be equal to or exceed top of well for this depth or be for full well)

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	Length of Test	Bbls. Condensate	MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size	