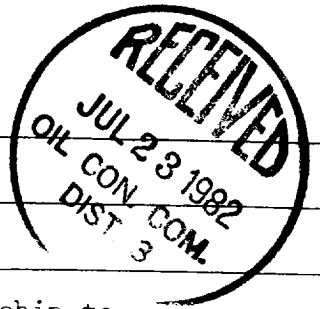


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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65



I. Operator  
Union Texas Petroleum Corporation

Address  
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

Reason(s) for filing (Check proper box)

New Well ☐ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

~~Change of Ownership to~~  
~~Unicon Producing Company, successor to~~  
~~Supron Energy Corporation~~

If change of ownership give name and address of previous owner Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Payne	Well No. 4	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal SF080517
Location Unit Letter H ; 1542 Feet From The North Line and 1190 Feet From The East Line of Section 22 Township 32 North Range 10 West , 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Farmington, NM 8740 1		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) First International Building Dallas, Texas 75201		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 22	Twp. 32N
			Rge. 10W
	Is gas actually connected? Yes		When 09-17-54

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
		X		X				
Date Spudded 10-09-69	Date Compl. Ready to Prod. 10-22-69		Total Depth 5750' RKB		P.B.T.D. 5716' RKB			
Elevations (DF, RKB, RT, GR, etc.) 6186' RKB	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4872' RKB		Tubing Depth 5350' RKB			
Perforations 4872 - 5384'					Depth Casing Shoe 5750' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	10 3/4"		232'		150			
8 3/4"	7 5/8"		4907'		250			
6 1/2"	4 1/2"		5750'		445			
	2 3/8" EUE		5350'					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Union Texas Petroleum Corporation

Vice-President

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19

BY Original Signed by Jeff Edmister  
DEPUTY OIL & GAS INSPECTOR, DIST. #

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 multiple