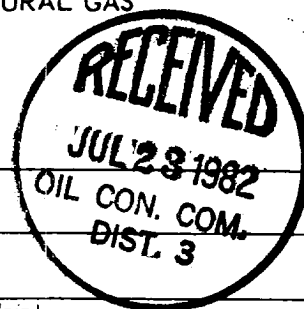


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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C
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	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Change of ownership to
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Unicon Producing Company Successor to
			Condensate	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. 5-A	Pool Name, Including Formation BLANCO PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No. FED SF 080517
Location Unit Letter 0 ; 1140 Feet From The SOUTH Line and 1725 Feet From The EAST Line of Section 27 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) P. O. Box 108, Farmington, NM 87401			
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) 1800 First International Building Dallas, TX 75201			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27	Twp. 32N	Rge. 10W
	Is gas actually connected? YES		When 02/22/77	

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'v.	Diff. Res'
		XX	XX					
Date Spudded 10/18/76	Date Compl. Ready to Prod. 11/21/76		Total Depth 5725		P.B.T.D. 5075			
Elevations (DF, RKB, RT, GR, etc.) 6395	Name of Producing Formation PICTURED CLIFFS		Top Oil/Gas Pay 3223		Tubing Depth 3232			
Perforations shot @ 3290, 3288, 3286, 3283, 3281, 3278, 3249, 3245, 3242, 3241, 3234, 3229, 3225, 3224, 3223					Depth Casing Shoe 5690			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	10-3/4"		550		350			
8-3/4"	7"		3443		300			
6-1/4"	4-1/2"		5690		310			
	1-1/4"		3232					

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

(Title)

6/14/82

(Date)

OIL CONSERVATION COMMISSION

JUL 23 1982

APPROVED _____, 19____

BY Original Signed by CHARLES GHOLSON
DEPUTY OIL & GAS INSPECTOR, 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 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 completed wells.