HO. DF COPIES REC	EIVED			
DISTRIBUTIO	ON			
SANTA FE				
FILE				
U.S.G.S.		<u> </u>	<u> </u>	
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR			_	
PRORATION OF	ICE			
Operator				
Union Tex	as Pe	tro	le	
Address	_			
1860 Linc				
Reason(s) for filing (Check p	roper	box	
New Well				
Recompletion				
Change in Ownership	X			
If change of owners and address of prev				
DESCRIPTION O	F WEL	L A	ND	

III.

IV.

DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104	
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and 1	
FILE	<u> </u>	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (SAS	
LAND OFFICE	-			
TRANSPORTER GAS	•		A Company of the Comp	
OPERATOR				
PRORATION OFFICE	<u> </u>			
Union Texas Petrole	m Corporation			
Address		onado 80205		
Reason(s) for filing (Check proper box	Suite 1010, Denver, Col	Other (Please explain)	Sea Charle Land	
New Well	Change in Transporter of:	Change of Owners	shio to	
Recompletion	Oil Dry Ga		- Company successor to	
Change in Ownership X	Casinghead Gas Conden	nsate Eupron Energy Co	rperation	
If change of ownership give name and address of previous owner	Supron Energy Corporatio	on, P. O. Box 808, Farmin	ngton, New Mexico 87401	
DESCRIPTION OF WELL AND				
Lease Name	Well No.: Pool Name, Including Fo		Lease No For Fee Federal SF078244	
Taliferro	5-M Basin Dako	La Jane	redefal Sty76244	
-	730 Feet From The South Lin	e and 820 Feet From 7	rheEast	
Line of Section 30 To	wnship 31 North Range	12 West , _{NMPM} , San	Juan County	
DECICE ACTION OF TRANSPORT	TED OF OIL AND NATURAL CA	S		
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)	
Plateau, Inc		Post Office Box 108, Fa	armington. NM 87401	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro-		
El Paso Natural Gas	Co.	Post Office Box 1492, I	El Paso, TX 79978	
If well produces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connected? Whe		
give location of tanks.	1 30 31N 12W	Yes	12-04-81	
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
Designate Type of Completic	on - (X) Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
Date Spudced	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
02-22-81	05-09-81	7000'	6970'	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
5978' GR	Dakota	6784'	6778'	
Perforations 6784,85,86, 6 84,86,88,90,9	824, 26, 28, 44, 46, 48, 50, 52 2, 94, 96, 98	,54,56,58, 	Depth Casing Shoe 6995	
	TUBING, CASING, AND	CEMENTING RECORD	 	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12½"	8 5/8"	325' 6995'	300 Sx Class B	
7 7/8" 1½"	5½" 1½"	6778'	1496 Sx 50/50 Poz 60 Sx Class B	
12	1/2	1	(Squeeze leak in	
TEST DATA AND REQUEST F		fter recovery of total volume of load oil opth or be for full 24 hours)	Braden Head) and must be equal to or exceed top allo	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
Length of Test	Tubing Pressure	Coaing Pressure	Choke Size	
Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gas-MCF	
			1	
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)	Cosing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN		JUL 2	1 TION COMMISSION 3 1982 19	
Commission have been complied	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	By Original Signed by	Jeff Edmister	
Union Texas Petroleum Corporation		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #		

VI.

· , ,	
Vice - President	
 (Title)	,

(Date)

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 deviatio tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 multipl