

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.C.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator <u>Union Texas Petroleum Corporation</u>	
Address <u>P. O. Box 808, Farmington, New Mexico 87499</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<u>Lease number from SF</u>	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Taliaferro</u>	Well No. <u>8</u>	Pool Name, including Formation <u>FLORA VISTA</u> <u>Undesignated Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF 078244</u>
Location				
Unit Letter <u>C</u> : <u>855</u> Feet From The <u>North</u> Line and <u>1815</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>31 North</u> Range <u>12 West</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Plateau</u>	<u>P. O. Box 489, Farmington, New Mexico 87499</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Southern Union Gathering Company</u>	<u>Attn: Mr. J. McCrary</u> <u>First International Building, Dallas Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>C</u>	<u>31</u>	<u>31N</u>	<u>12W</u>	<u>No</u>	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>		<u>X</u>				<u>X</u>
Date Spudded <u>6/27/81</u>	Date Compl. Ready to Prod. <u>2/15/83</u>		Total Depth <u>7024</u>		P.B.T.D. <u>6580</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6010 RKB</u>	Name of Producing Formation <u>Gallup</u>		Top Oil/Gas Pay <u>5913</u>		Tubing Depth <u>6350</u>			
Perforations <u>5913 - 6284</u>					Depth Casing Shoe <u>7024</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8", 24.00#</u>	<u>326</u>	<u>220</u>
<u>7-7/8"</u>	<u>4-1/2", 10.50 & 11.60#</u>	<u>7024</u>	<u>1200</u>
	<u>2-3/8", 4.7#</u>	<u>6350</u>	

TEST DATA AND REQUEST FOR ALLOWABLE (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

Actual Prod. Test-MCF/D <u>1490</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>573</u>	Casing Pressure (Shut-in) <u>922</u>	Choke Size <u>3/4"</u>

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 above is true and complete to the best of my knowledge and belief.

W. K. Cooper
W. K. Cooper (Signature)
Field Operations Manager
(Title)

March 24, 1983

OIL CONSERVATION DIVISION

4-6-83
APPROVED _____, 19____
BY Original Signed by Mr. J. C. GARCIA

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 1, 11, 12, and 13 for changes of owner