

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

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator  
Union Texas Petroleum Corporation  
Address  
P. O. Box 1290, Farmington, New Mexico 87499

RECEIVED

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
AUG 31 1984  
OIL CON. DIV.  
DIST. 3

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Payne	Well No. 6	Pool Name, Including Formation Mt. Nebo Fruitland	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 080517
Location Unit Letter I : 1667 Feet From The South Line and 805 Feet From The East Line of Section 20 Township 32N Range 10W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Southern Union Gathering Company	P. O. Box 26400, Albuquerque, N.M. 87125	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When
		No

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.
		XX	XX					
Date Spudded 5/7/84	Date Compl. Ready to Prod. 5/16/84	Total Depth 3121	P.B.T.D. 3120					
Elevations (DF, RKB, RT, GR, etc.) 6334 R.K.B.	Name of Producing Formation Fruitland	Top Oil/Gas Pay 3072	Tubing Depth 2998					
Perforations 3072-3120 slotted liner			Depth Casing Shoe 3072					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 32.30#	319	295 cu. ft.
8-3/4"	7", 23.00#	3072	910 cu. ft.
	4 1/2" Liner	3015-3120	gravel packed
	2 3/8" F.O.E., 4.70#	2998	

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

(Active) Prod. Test - MCF/D 149	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate 48.5
Testing Method (pilot, back pr.) Meter	Tubing Pressure (Shut-in) 100	Casing Pressure (Shut-in) 920	Choke Size 1"

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.

Kenneth E. Roddy  
Kenneth E. Roddy  
Area Production Superintendent  
(Title)  
8/29/84

OIL CONSERVATION DIVISION  
SEP 06 1984  
APPROVED  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT 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.