

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum

Address 375 US Highway 64 Farmington, NM 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Payne</u>	Well No. <u>11</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>SF-080517</u>	Lease
Location Unit Letter <u>A</u> : <u>590</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>East</u>	Line of Section <u>27</u>	Township <u>31N</u>	Range <u>10W</u>	NMPM, <u>San Juan</u> Coun

III. 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>Giant Refining</u>	<u>P. O. Box 256, Farmington, NM 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>Sunterra Gas Gathering Co.</u>	<u>P. O. Box 1809, Bloomfield, NM 87413</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>A</u> Sec. <u>27</u> Twp. <u>31N</u> Rge. <u>10W</u>	<u>No</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Robert C. Frank
(Signature)
Permit Coordinator
(Title)
May 23, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED 4/27 3 5 1988, 19____
BY Original Signed by FRANK I. CHAVEZ
TITLE SUPERVISOR FOR LIQUIDITY

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter, or other such change of cond Separate Forms C-104 must be filed for each pool in mul completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 9/2/87	Date Compl. Ready to Prod. 11/7/87	Total Depth 8425		P.B.T.D. 8384					
Elevations (DF, RKB, RT, GR, etc.) 6898 GL 6910 KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 8243		Tubing Depth 8356					
Perforations 8243-8380 (gross)				Depth Casing Shoe 8421 KB (liner)					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH	SACKS CEMENT						
12-1/4	9-5/8	1322	970 sx (1100 cu.ft.)						
8-3/4	7	4011	550 sx (1325 cu.ft.)						
6-1/4	4-1/2	3808-8421	585 sx (1210 cu.ft.)						
	2-3/8	8356							

V. 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 hrs)

Date First New Oil Run To Tanks	Date of Test	Producing Method (flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 715	Length of Test 3 hrs	Bbls. Condensate/Tr N/A	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 1943	Casing Pressure (shut-in) 1945	Choke Size 3/4