NO. OF COPIES REC	EIVED	<u> </u>			
DISTRIBUTION			L		
SANTÀ FE		<u> </u>			
FILE		Ĺ			
U.S.G.S.					
LAND OFFICE					
IRANSPORTER	OIL		Г		
	GAS				
OPERATOR					
PRORATION OF					
Union Texas Petrole Address 1860 Lincoln Street					
Recompletion	Ħ				

6-11-82

(Daie)

	SANTÀ FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and		
	FILE	4	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS .		
	LAND OFFICE					
	IRANSPORTER OIL	-l .				
	OPERATOR GAS	4				
	PRORATION OFFICE	-				
1.	Operator			/ 		
	Union Texas Petroleu	m Corporation				
	Address 1960 Lincoln Street Suite 1010 Denven Colonede 90005					
	1860 Lincoln Street, Suite 1010, Denver, Colorado 80295					
	Reason(s) for filing (Check proper box	,	Other (Please explain)	A Comment of the Comm		
	New Well	Change in Transporter of:	Ghange of Owner	ahip to		
	Recompletion Change in Ownership X	Oil Dry Go	Unlook Producin	g Company successor to		
•	Change in Ownership	Casinghead Gas Conde	Supren Francis	urferstion		
	If change of ownership give name	Supran Francis Company	D.O. D 000 D.			
	and address of previous owner	Supron Energy Corporation	on, P.O. Box 808, Farmin	gion, New Mexico 87401		
Ħ	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including F				
	USA	1 Basin Dakota	State, Feder	^{ol or Fee} Federal SF078818A		
	Location					
	Unit Letter P; 8	12 Feet From The South Lir	ne and 804 Feet From	The East		
	Line of Section 24 Tov	wnship 32 North Range	13 West , NMPM, San	n Juan Count		
	DECICNATION OF TRANSPORT	PPD OF OH AND NATIONAL CA	16			
:11.	DESIGNATION OF TRANSPORT		Address (Give address to which appro	oved copy of this form is to be sent)		
	Plateau, Inc.		Post Office Box 108	•		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🔀	Address (Give address to which appro 1800 First Internation	nued copy of this form is to be sent)		
	Gas Company of New M	exico Sua	Dallas. Texas 75201	nal Bldg.		
	If well produces oil or liquids,	Unit Sec. Twp. Ege.		nen		
	give location of tanks.	P 24 32N 13W	Yes	01-13- 81		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:			
V.	COMPLETION DATA	Tour way Tour Way				
	Designate Type of Completion	on - (X) Gas Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	06-20-80	12-11-80	7000 ' MD	6970' MD		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
	5925' GR	Dakota	6814'	67921		
	Perforations			Depth Casing Shoe		
	6814, 19,25,90,92,	6902, 04,14,19,23,33,37,	40,62,70	6995'		
			CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12½"	8 5/8"	312 '	225 Sx Class B		
	7 7/8"	4½"	6995'	1645 Sx Class B		
		2 3/8"	6792'	<u> </u>		
	TOOT DAMA AND DECREET FO	DD AT LOWARD E	, , , , , , , , , , , , , , , , , , , ,			
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 all oil. WELL					
	Date First New Oil Run To Tanks	7117 117 2217				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oll-Bbls.	Water - Bbis.	Gae - MCF		
			1			
r						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Float 1001 Mel/B		Barer Gendembate, Miller	Gravity or Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size		
	•	,				
VI	CERTIFICATE OF COMPLIANCE	TF .	OIL CONSERVA	ATION COMMISSION		
٧	CERTIFICATE OF COMPENSAGE			3 1982		
	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.		APPROVED	0 0 130 <u>C</u> , 19		
			Original Signed by Jeff Edmister			
	Union Texas Petroleum Corporation		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #			
				compliance with RULE 1104.		
			If this is a request for allow	vable for a newly drilled or deepen		
	Vi Signo	iture)	well, this form must be accompa	nied by a tabulation of the deviati		
	Vice - President		tests taken on the well in accordance with RULE 111.			

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 allo able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of ownswell name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multip