

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

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

Form C-104
Revised 10-01-78
Format 08-01-83

RECEIVED
JUN 16 1987
OIL CON. DIV.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Union Texas Petroleum Corporation

Address
375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|--|--|---------------------|
| Lease Name Angel Peak B | Well No. 13 | Pool Name, including Formation Fulcher Kutz Pictured Cliffs | Kind of Lease State, Federal or Fee | Lease SF-047017B |
| Location Unit Letter <u>K</u> : <u>1350</u> Feet From The <u>South</u> Line and <u>1350</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>24</u> Township <u>28N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> Cou | | | | |

III. 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 Casingshead 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) |
| Sunterra Gas Gathering Company | P. O. Box 1809, Bloomfield, NM 87413 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit <u>K</u> Sec. <u>24</u> Twp. <u>28N</u> Rng. <u>11W</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

June 12, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 16 1987
BY [Signature]
SUPERVISOR DISTRICT # 1
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or dee 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 : able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter or other such change of con Separate Forms C-104 must be filed for each pool in m completed wells.

IV. COMPLETION DATA

| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Dif. Res'v. |
|--------------------------------------|-----------------------------|-----------------|-----------|----------|----------|-------------------|-----------|-------------|-------------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | | P.S.T.D. | | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | | | Tubing Depth | | | |
| Perforations | | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

V. 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

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (plug, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size |