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6-11-82 (Date)

	SANTA FE		CONSERVATION COMMISSION T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-	
	FILE	KEQUES	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	CAS	
	LAND OFFICE	AUTHORIZATION TO TH	CANSI OR FOIL AND NATURAL	. GAS	
	TRANSPORTER OIL				
	GAS				
ı.	OPERATOR PRORATION OFFICE				
	Union Texas Petroleum Corporation				
	Address				
		t, Suite 1010, Denver, Co	olorado 80295	JOIL COM	
	Reason(s) for filing (Check proper l		Other (Please explain)		
	New We!! Recompletion	Change in Transporter of:	Change of Owne	TSH1P	
	Change in Ownership X	Oil Dry C			
	Change in Contesting A	Conditioned Gas Cond	lensate Supron Energy	Corporation	
	If change of ownership give name and address of previous owner	Supron Energy Corporation	on, P. O. Box 808, Farmi	ngton, New Mexico 87401	
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No.: Sool Name Including Formation Vinded Lease				
	SUMMIT "B"	Well No. Pool Name, Including 5 FUL CHFR KUT7	DIOTUDED OF THE	ral or Fee FED SF 047019B	
	Location	TOLONER ROTE	TOTORED CETT 5 State, Fede	101 CF FEE   LD 3   04/019B	
	Unit Letter;	1650 Feet From The NORTH L	ine andFeet From	The WEST	
	Line of Section 33	Township 29 NORTH Range 1	1 WEST , NMPM, S	SAN JUAN County	
III.	DESIGNATION OF TRANSPO	OH OT Condensate		oved copy of this form is to be sent)	
	Name of Authorized Transporter of (	Castaghard Cas	Address (C)		
	Southern Union Gat		First International Bu	oved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Fige.	Dallas, Texas 75201 Is gas actually connected?	hen	
	give location of tanks.	F 33 29N 11W	YES	07/29/47	
	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA				
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'	
	Designate Type of Comple	tion = (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	03/08/46	04/01/47	1724		
	Elevations (DF, RKB, RT, GR, etc. 5534		Top Oil/Gas Pay	Tubing Depth	
	Perforations	PICTURED CLIFFS	1630	Depth Casing Shoe	
	1630-1724		724	1630	
	TUBING, CASING, AND CEMENTING RECOR			1030	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		16"	56	10	
		5-1/2"	1630	40	
Ì					
V.	TEST DATA AND REQUEST		after recovery of total volume of load oi	l and must be equal to or exceed top allo	
i	OIL WELL Date First New Oil Run To Tanks	able for this a	lepth or be for full 24 hours)		
İ	Date First New Oil Aun To . daks	Date of lest	Producing Method (Flow, pump, gas	ujt, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Long in or , our		Casing 1 1085 at	· ·	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
				`=_	
ſ	GAS WELL	11			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	, , , , , , , , , , , , , , , , , , , ,	(Shar 12)	(2220 2-)	Chora Size	
VI.	CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION	
			11		
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Union Texas Petroleum Corporation		Original Signed by Jeff Edmister  DEPUTY GIL & GAS INSPECTOR DIST #2			
	11	compliance with RULE 1104.			
	₹10 T = 7C;	gnature)	If this is a request for allo	wable for a newly drilled or deepens	
	Vice - Preside	il.	well, this form must be accompanied by a tabulation of the deviati- tests taken on the well in accordance with RULE 111.		

All sections of this form must be filled out completely for allocable on new and recompleted wells.

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