NO. OF COPIES RECEIVED		
DISTRIBUTION	NEW MÉXICO OIL	co
SANTA FE	REQUEST	
FILE	T KEGOES!	•
U.\$.G.S.	AUTHORIZATION TO TR	Δĸ
LAND OFFICE	- ASTRONIZATION TO TR	יואי
TRANSPORTER OIL GAS	· ·	
OPERATOR	7	
PRORATION OFFICE		
Operator		
Union Texas Petrolet Address		
Reason(s) for filing (Check proper box	, Suite 1010, Denver, Col	Lo
New Well	Change in Transporter of:	
Recompletion	OII Dry Go	15
Change in Ownership X	Casinghead Gas Conde	nsc
If change of ownership give name and address of previous owner	Supron Energy Corporation	n
DESCRIPTION OF WELL AND	LEASE Well No. Fool Name, Including F	
JICARILLA "L"	4 OTERO GALLUP	orn
Location Unit Letter G ; 16	50 Feet From The NORTH Lin	_
_	waship 24 NORTH Range 5	
	TER OF OIL AND NATURAL GA	
Name of Authorized Transporter of Oil	or Condensate X	A
Plateau, Inc. Name of Authorized Transporter of Car	singhead Gas or Dry Gas X	<u> </u>
El Paso Natural Gas		I
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	1:
f this production is commingled with COMPLETION DATA	th that from any other lease or pool,	giv
Designate Type of Completion	on = (X)	<u> </u>
Date Spudded 8 21 70	Date Compl. Ready to Prod.	T
Elevations (DF, RKB, RT, GR, etc.,	9 22 70 Name of Producing Formation	Т
6577 RKB		ļ '
Perforations	<u> GALLUP</u>	<u></u>
5692-590	2	
	TUBING, CASING, AND	· C
HOLE SIZE	CASING & TUBING SIZE	Ī
12-1/4	8-5/8	-
7-7/8	5-1/2	-
	2-1/16	-
cemented w/375 cu ft.	stage collar set 3506.	2 2
TEST DATA AND REQUEST FO		ter
Date First New Oil Run To Tanks	Date of Test	P
Length of Test	Tubing Pressure	C
Actual Prod. During Test	Oil-Bbls.	W
	<u> </u>	
GAS WELL		
Actual Prod. Test-MCF/D	Length of Test	В
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	C
CERTIFICATE OF COMPLIANCE	EE I	
hereby certify that the rules and re Commission have been complied w bove is true and complete to the	ith and that the information given	E
Union Texas Petroleu	-	י ד
(Signa	(we)	,

SANTA FE	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE	
FILE	REQUES'		
U.S.G.S.	AUTWODIZATION TO TO	AND .	Effective 1-1-65
LAND OFFICE	AUTHURIZATION TO TH	RANSPORT OIL AND NATURAL	GAS
I BANGBORTER OIL			
TRANSPORTER GAS	·		
OPERATOR			,
PRORATION OFFICE			
Operator			
Union Texas Petro	Leum Corporation		A_{\bullet}
į .			
Reason(s) for filing (Check proper	et, Suite 1010, Denver, Co		
New Well		Other (Please explain)	
Recompletion	Change in Transporter of: Oil Dry 0	Change of Owner	
Change in Ownership X		=	
	Contract of Contract	ensate Supron Energy (derporation
If change of ownership give nam	e Supron Energy Componati	on P O Per 900 F	
and address of previous owner _	Supron Energy Corporati	on, P. O. Box 808, Farmi	ngton, New Mexico 87401
DESCRIPTION OF WELL AN	ND LEASE		
Lease Name	Well No. Pool Name, Including I	Formation Kind of Lea	se // Lease No
JICARILLA "L"	4 OTERO GALLUP	State, Feder	al or Fee: FED 10
Location			
Unit Letter G ;	1650 Feet From The NORTH Li	ine and 1700 Feet From	The FAST
	0.4. 1100.50		
Line of Section 9	Township 24 NORTH Range 5	WEST , NMPM,	RIO ARRIBA County
DESIGNATION OF TRANSPO	DETER OF OUR AND ALERT		
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G		
		Address (Give address to which appro	
Plateau, Inc.	Casinghead Gas or Dry Gas X	Post Office Box 108, F Address (Give address to which appro	armington, NM 87401
El Paso Natural Ga			
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Post Office Box 1492, Is gas actually connected? W	nen laso, IX /99/8
give location of tanks.	G 9 24N 5W	YES	8/31/72
If this production is commingled	with that from any other lease or pool,		
COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest
	XX	_ XX	
Date Spudged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8 21 70	9 22 70	6925	6897
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth
6577 RKB	GALLUP	5692	5782
5692-5	902		Depth Casing Shoe
	TUBING CASING AN	D CEMENTING RECORD	6924
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACVE CENENT
12-1/4	8-5/8	306	SACKS CEMENT
7-7/8	5-1/2		250 e cemented w/600 cu ft.
	2-1/16	5782 stage co	Thank cot 1061 and cta
cemented w/375 cu f	t. stage collar set 3506.	3rd stage cemented w/13	00 cu ft
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours)	, €
Date First New Oil Run 10 lanks	Date of lest	Producing Method (Flow, pump, gas li	fi, eic.)
Length of Test	Tubing Pressure	Carina Descense	
20114111 01 7 221	122114 1 100000	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION
		1111	2 3 1982
I hereby certify that the rules an	d 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.		BY Original Signer 19 1125 Mamister	
Union Texas Petrol	-		
OUTON TEXAS LECTION	cam corporation	TITLE DEPUTY GIL &	GAS INSI ECTON, DIST. F
		This form is to be filed in	compliance with RULE 1104.
(Signature) Vice - President		If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.	
6/11/82	· ·····,	able on new and recompleted we	iis.
	Date		. III, and VI for changes of owne er, or other such change of conditio
'	•	il warr mame or mamour or demaport	ar armer apen evente at congreto

All sections of this form must be filled out completely for allowable 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 condition Separate Forms C-104 must be filed for each pool in multip