

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Union Texas Petroleum Corporation	
Address P. O. Box 1290, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McCroden "A"	Well No. 5	Pool Name, Including Formation Ojito Gallup-Dakota Ext.	Kind of Lease State, Federal or Fee	Lease No. Fed. SF 079609
Location Unit Letter J ; 2157 Feet From The South Line and 1900 Feet From The East				
Line of Section 8 Township 25N Range 3W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Union Texas Petroleum Corp.	P. O. Box 1290, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit J Sec. 8 Twp. 25N Rge. 3W	No

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
XX			XX					
Date Spudded 7/19/83	Date Compl. Ready to Prod. 9/4/83		Total Depth 8210		P.B.T.D. 8025			
Elevations (DF, RKB, RT, GP, etc.) 7132 R.K.B.	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 6870		Tubing Depth 7859			
Perforations 6870 - 7986					Depth Casing Shoe 8209			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8", 24.00#		279		236 cu. ft.			
7-7/8"	4-1/2", 11.60#		8209		3942 cu. ft. (3 stages)			
	2-3/8", E.U.E., 4.70#		7859					

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 10/11/83	Date of Test 10/25/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 205	Choke Size 1-3/8"
Actual Prod. During Test 66 bbl. of oil	Oil - Bbls. 66	Water - Bbls. 4	Gas - MCF 188

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent

4/2/84

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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