

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 05-01-82
5-1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Union Texas Petroleum Corporation

Address
P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McCroden "A"	Well No. 4	Pool Name, including Formation Ojito Gallup-Dakota Ext.	Kind of Lease State, Federal or Fee	Lease No. Fed. SF 079616
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>960</u> Feet From The <u>West</u>				
Line of Section <u>9</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

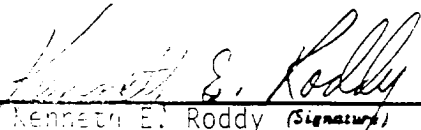
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1290, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>9</u>	Twp. <u>25N</u>	Rge. <u>3W</u>	Is gas actually connected? Yes	When 1/15/85

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.


Kenneth E. Roddy (Signature)

Production Superintendent
(Title)

1/18/85
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB - 6 1985 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 7

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 8/6/84	Date Compl. Ready to Prod. 11/9/84	Total Depth 8270			P.B.T.D. 8225				
Elevations (D.F., RKB, RT, GR, etc.) 7200 R.K.B.	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 6944			Tubing Depth 8099				
Perforations 6944 - 8114						Depth Casing Shoe 8269			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8", 24.00#		317		295 cu. ft.				
7-7/8"	4-1/2", 11.60#		8269		3407 cu. ft. 3 stages				
	2-3/8", E.U.F., 4.70#		8099						

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 test allowable for this depth or be for full 24 hours) -

OIL WELL

Date First New Oil Run To Tanks 12/13/84	Date of Test 1/15/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 123	Casing Pressure 130	Choke Size 3/4"
Actual Prod. During Test 57 bbl. oil; 31 mcf	Oil - Bbls. 57	Water - Bbls. 3	Gas - MCF 31

GAS WELL

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