

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Union Texas Petroleum Corporation	
Address 4001 Bloomfield Highway Box 11 Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

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SEP 20 1985
OIL CON. DIV
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fred Davis	Well No. 1	Pool Name, including Formation Ojito Gallup-Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>M</u> : <u>723</u> Feet From The <u>South</u> Line and <u>954</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>25 N</u> Range <u>3 W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) PO Box 1429 Bloomfield New Mexico 87413
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	M 1 25 3 No

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

Regulatory Analyst (Signature)

September 20, 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED SEP 20 1985
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y.	Dill. Rec'y.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.				
7-18-85	9-5-85		8370' KB		8,328' KB				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
7281 Gr 7293 KB	Gallup-Dakota		7036' KB		8,111' KB				
Perforations	Dakota 8210-8037 (gross) Greenhorn 7987-7935 (gross)				Depth Casing Shoe				
	Gallup 7621-7036 (gross)				8,370' KB				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		352 KB		275 (19 to surface)			
7-7/8"		4-1/2"		8370'		2215			
		2-3/8"							

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 top allowable for this depth or be for full 24 hours)

Core First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9/16/85	9/19/85	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24		60	1/2" orifice
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	20	30	38

GAS WELL

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