

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

RECEIVED
FEB 11 1987
OIL CON. DIV.
DIST. 3

I. Operator
Union Texas Petroleum Corporation
Address
375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla L	Well No. 11	Pool Name, including Formation Otero Gallup	Kind of Lease State, Federal or Fee Fed Lic	Lease No. Con. 1
Location Unit Letter <u>G</u> : <u>1642</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>24N</u> Range <u>5W</u> 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"/> Conoco, Inc. Surface Trans.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>3</u>
	Twp. <u>24N</u>	Rge. <u>5W</u>
	Is gas actually connected? <u>No</u> When <u>April 1, 1987</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: R-8109-A

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
(Signature)

Permit Coordinator

(Title)

February 5, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1987
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT 11

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper 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 all wells 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 multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/25/86	Date Compl. Ready to Prod. 12/13/86		Total Depth 7320		P.B.T.D. 7257				
Elevations (DF, RKB, RT, CR, etc.) 6712 GL, 6724 KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 6917		Tubing Depth 7050				
Perforations 6046-6236						Depth Casing Shoe 7301			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		319		225 sxs (266 cu.ft.)				
7-7/8	4-1/2		7301		995 sxs (3652 cu.ft.)				
	2-3/8		7050						

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)

Date First New Oil Run To Tanks 12/24/86	Date of Test 12/24/86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 hrs	Tubing Pressure 147	Casing Pressure 538	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 0.25*	Water - Bbls. 0	Gas - MCF 68*

GAS WELL

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

* Based on Production Allocation:

	Gas	Oil
Dakota	70%	61%
Gallup	30%	39%