STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Tule)

(Date)

Permit Coordinator

February 6, 1987

| | 1410 | |
|---------------|------|--|
| DISTRIBUTIO | H4 | |
| BANTA PE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRAMSPORTER | OIL | |
| INAMEPONIEN | GAS | |
| OPERATOR | | |
| PROBATION OFF | ICE | |

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

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

REQUEST FOR ALLOWABLE

All sections of this form must be filled out completely for sile able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of own-well name or number, or transporten or other such change of condition

roleted wells.

Separate Forms C-104 must be filed for each pool in multi;

| PROBATION OFFICE AUTHORIZATION TO TRANSP | PORT OIL AND NATURAL GAS |
|--|--|
| | |
| Operator | ≈001. 3 |
| Union Texas Petroleum Corporation | · |
| Address | |
| 375 US Highway 64,,Farmington, NM 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well Change in Transporter of: | |
| Recompletion OII Dry | y Gas |
| Change in Ownership Casinghead Gas Co | ondens ate |
| | |
| f change of ownership give name | |
| and address of previous owner | <u> </u> |
| II. DESCRIPTION OF WELL AND LEASE | |
| I. DESCRIPTION OF WELL AND LETTER Well No. Pool Name, including Fo | ormation Kind of Lease No |
| McCroden 4 8 Blanco Mesave | erde State, Federal or Fee Fed SF-079616 |
| Location | |
| L 1450 Feet From The South Lin | ne and 1185 Feet From The West |
| Unit Letter;Feet From TheLin | e and |
| 3 Township 25N Range | 3W NMPM Rio Arriba County |
| Line of Section 3 Township CON Range | |
| THE REPORT OF AN AND BLATTIDAL | CAS |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL | Address (Give address to which approved copy of this form is to be sent) |
| Kame of Variorized Lincolnian | |
| Conoco, Inc. Surface Trans. | P. O. Box 1429, Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Hansporter of Communication | |
| Gas Company of New Mexico | P. O. Box 1899, Bloomfield, NM 87413 |
| If well produces oil or liquids, Unit Sec. Twp. Rqc. | is das deident compensati |
| give location of tanks. | No Approx. 4/15/87 |
| If this production is commingled with that from any other lesse or pool, | give commingling order number: |
| | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | |
| | OIL CONSERVATION DIVISION |
| VI. CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION FEB 13 1907 |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED CLUSTING |
| I hereby certify that the rules and regulations of the On Conservation been complied with and that the information given is true and complete to the best of | Original Signed by FRANK T. CHAVEZ |
| my knowledge and belief. | BY |
| | SUPERVISOR DISTRICT # 1 |
| | TITLE |
| WIAD- | This form is to be filed in compliance with RULE 1104. |
| Robert P. Trank | se this to a secure for allowable for a newly drilled or deeper |
| (Signature) | I wall this form must be accompanied by a labulation of the deviat |
| Donnit Coordinator | tests taken on the well in accordance with RULE 111. |

| Designate Type of Complete | Oli Well Gas Well | . ! | | |
|---|--|--|--|--|
| | | X | <u> </u> | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| 11/07/86 | 12/19/86 | 6120 KB | 6084 KB | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| 7270 GL, 7282 KB | Mesaverde | 5951 | 5999 | |
| Performione 5951-6022 Mesaverde | | | Depth Casing Shoe 6120 (liner) | |
| | TUBING, CASING, | ND CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| 12-1/4 | 9-5/8 | 307 | 200 sxs (236 cu.ft.) | |
| 8-3/4 | 7 | 4174 | 390 sxs (950 cu.ft.) | |
| 6-1/4 | 4-1/2 | 3913-6120 | 290 sxs (455 cu_ft_) | |
| | | | | |
| | 2-3/8 | 5999 | | |
| OIL WELL | FOR ALLOWABLE (Test must be able for this | e after recovery of total volume of load depth or be for full 24 hours) | oil and must be equal to or exceed top all | |
| OIL WELL | FOR ALLOWABLE (Test must b | e after recovery of total volume of load | oil and must be equal to or exceed top all | |
| OIL WELL Date First New Oil Run To Tanks | FOR ALLOWABLE (Test must be able for this | e after recovery of total volume of load depth or be for full 24 hours) | oil and must be equal to or exceed top all | |
| V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test | FOR ALLOWABLE (Test must be able for this | e after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga | oil and must be equal to or exceed top also a lift, etc.) | |
| OIL WELL Date First New Oil Run To Tanks Longth of Test Actual Prod. During Test AS WELL | FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure | e after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga Casing Pressure | oil and must be equal to or exceed top all s lift, etc.) Choke Size | |
| OIL WELL Date First New Oil Run To Tanks Longth of Test Actual Prod. During Test | FOR ALLOWABLE (Test must be able for this able for this Date of Test Tubing Pressure Oil-Bbis. | e after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga Casing Pressure | oil and must be equal to or exceed top all s lift, etc.) Choke Size | |
| OIL WELL Date First New Oil Run To Tanks Longth of Test Actual Prod. During Test AS WELL | FOR ALLOWABLE (Test must be able for this able for this Date of Test Tubing Pressure Oil-Bbis. | e after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga Casing Pressure Water-Bhis. | oil and must be equal to ar exceed top all s lift, etc.) Choke Size Gas-MCF | |
| OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test AS WELL Actual Prod. Test-MCF/D | FOR ALLOWABLE (Test must be able for this able for this Date of Test Tubing Pressure Oil-Bbis. | e after recovery of total volume of load depth or be for full 24 hours; Producing Method (Flow, pump, ga Casing Pressure Water-Bhis. Bhis. Condensate/MMCF | cil and must be equal to or exceed top all s lift, etc.) Choke Size Ggs-MCF Gravity of Condensate | |