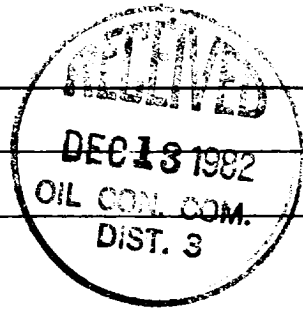


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TRANSPORTER	OIL		
	GAS		
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**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-85



I.

Operator: Union Texas Petroleum Corporation
 Address: P. O. Box 808, Farmington, New Mexico
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla "F"</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease Federal State, Federal or Fee <u>Contr. No. 107</u>	Lease No. <u>107</u>
Location Unit Letter <u>K</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>26N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County _____				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 108, Farmington, New Mexico</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>First International Building - Dallas, Texas</u> <u>Attention: Mr. R. J. McCrary</u>			
If well produces oil or liquids, give location of tanks. <u>K 28 26N 4W</u>	Unit <u>K</u>	Sec. <u>28</u>	Twp. <u>26N</u>	Rge. <u>4W</u>
	Is gas actually connected? <u>No</u>		When _____	

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'v.	Diff. Res'v.
		<u>XX</u>	<u>XX</u>					
Date Spudded <u>8/14/82</u>	Date Compl. Ready to Prod. <u>10/4/82</u>		Total Depth <u>8358</u>		P.B.T.D. <u>8329</u>			
Elevations (DF, R&B, RT, GR, etc.) <u>7262 R.K.B.</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>8050</u>		Tubing Depth <u>8135</u>			
Perforations <u>8050 - 8284 (33 holes)</u>					Depth Casing Shoe <u>8333</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14"</u>	<u>10-3/4", 40.50#</u>	<u>360</u>	<u>207 cu. ft.</u>
<u>9-7/8"</u>	<u>7-5/8", 26.40#</u>	<u>6512</u>	<u>1619 cu. ft. (2 stages)</u>
<u>6-3/4"</u>	<u>5-1/2", 15.50#</u>	<u>6288 - 8333</u>	<u>320 cu. ft.</u>
	<u>2-3/8" E.U.E., 4.70#</u>	<u>8135</u>	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u>1890</u>	<u>3 Hours</u>		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pressure</u>	<u>1543</u>	<u>---</u>	<u>3/4"</u>

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
 Area Production Superintendent
 December 9, 1982

OIL CONSERVATION COMMISSION

12-17-82
 APPROVED DEPT, 19____
 BY Original Signed by CHARLES JACKSON
 TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 conditions.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.