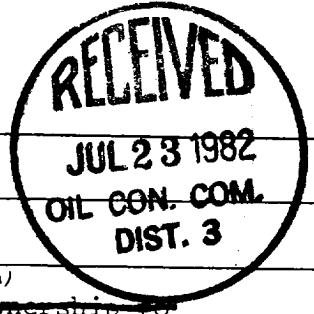


**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		



I. Operator
 Union Texas Petroleum Corporation
 Address
 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

Reason(s) for filing (Check proper box)
 New Well:
 Recompletion:
 Change in Ownership: **X**
 Change in Transporter of:
 Oil: Dry Gas:
 Casinghead Gas: Condensate:

Other (Please explain)
~~Change of Ownership to~~
~~Unicon Producing Company successor to~~
~~Supron Energy Corporation.~~

If change of ownership give name and address of previous owner: Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name NICKSON	Well No. 9	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SF 078430
Location Unit Letter D ; 830 Feet From The North Line and 815 Feet From The WEST Line of Section 14 Township 26 NORTH Range 8 WEST , NMPM, SAN JUAN 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"/> X Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Post Office Box 108, Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> X El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Post Office Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 14	Twp. 26N	Rge. 8W
	Is gas actually connected? YES		When 02/07/64	

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.
		X	X					
Date Spudded 07/23/63	Date Compl. Ready to Prod. 08/22/63	Total Depth 7494	P.B.T.D. 7472					
Elevations (DF, RKB, RT, GR, etc.) 7040	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 7195	Tubing Depth 7387					
Perforations 7237-7448	Depth Casing Shoe 7494							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/8"	10-3/4", 32.75#		293		250			
7-7/8"	4-1/2", 10.50#		7494		420 cu ft			
	1-1/2", 2.90#							

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

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.

Union Texas Petroleum Corporation

(Signature)
Vice-President

(Title)
6/10/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 23 1982**, 19

BY **Original Signed by CHARLES GHOLSON**

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 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.