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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
IRANSPURIER	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			
Union Texa	as Pe	tro.	leı
Address			
1860 Linc	oln S	tre	et,
Reason(s) for filing (	Check p	roper	box
New Well			
Recompletion			

1.

	SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  OIL  GAS  OPERATOR	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS	
1.	Operator JUL 28 1982				
	Union Texas Petroleu	m Corporation		OIL CON. COM.	
		Suite 1010, Denver, Col	lorado 80295	DIST. 3	
	Reason(s) for filing (Check proper box	) Change in Transporter of:	Other (Please explain) Change of Owner	ach in to	
	Recompletion	Oil Dry Go	<b>—</b> ,	ng Company Successor to	
	Change in Ownership X	Casinghead Gas Conde	nsate Bupron Energy	<del>Corporation</del>	
II.	If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND	Supron Energy Corporation	on, P. O. Box 808, Farm	ington, New Mexico 87401	
	Newsom "B"	Well No. Pool Name, Including F 10 Basin Dakota	ormation Kind of Lea State, Feder	E 1 1 5 5 5 6 6 6 4	
	Location	10 Basin bakota	State, Fede	rdi or Fee Tederal Bro70304	
	Unit Letter G; 18	50 Feet From The North Lir	ne and 1850 Feet From	The East	
	Line of Section 8 Tov	waship 26 North Range 8	West , NMPM, SanJu	lan County	
III.	DESIGNATION OF TRANSPORT				
	Plateau, Inc.	or Condensate [X]	Address (Give address to which appr	,	
	Name of Authorized Transporter of Cas	_		Farmington, NM 87401 oved copy of this form is to be sent)	
	El Paso Natural Gas If well produces oil or liquids,	CO. Twp. Rge.	Post Office Box 1492, Is gas actually connected?	El Paso, TX 79978	
	give location of tanks.	G 8 26N 8W	yes	8-9-66	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:		
	Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	11-11-65	12-10-65	6750'	6713'	
	Elevations (DF, RKB, RT, GR, etc.) 6302 DE	Name of Producing Formation  Basin Dakota	Top Oil/Gas Pay 6434	Tubing Depth 6525	
	Perforations	, December 2 die 2		Depth Casing Shoe	
	6434-6650' TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12½" 7-7/8"	8-5/8" 4 <sup>1</sup> / <sub>5</sub> "	324 6750'	225 sx	
	7-170	15"	6525'	1950 cu ft	
V.	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil pth or be for full 24 hours)	l and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
l					
_	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANC	CE	OIL CONSERV	ATION COMMISSION	
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.		APPROVED			
			BY Original Signed by FRANK T CHAVEZ		
	Union Texas Petroleum Corporation		TITLESUPERVISOR DISTRICT # 3		
	; , <u> </u>			compliance with RULE 1104.	
	(Signa	ture)	If this is a request for allowell, this form must be accompa	wable for a newly drilled or deepened anied by a tabulation of the deviation	
Vice-President		,	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-		
-	410/87-	le)	able on new and recompleted wells.		
611018C (Date)		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.			