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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

3087/W
Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Union Texas Petroleum Corporation

P. O. Box 1290, Farmington, New Mexico 87499

Person(s) for filing (Check proper box)

☐ New Well
☒ Recombination
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Gas
☐ Condensate

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Newsom "A"	Well No. 5	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 078430
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Unit Letter M : 875 Feet From The South Line and 810 Feet From The West

Line of Section 3 Township 26N Range 8W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Plateau, Inc. <i>Sun Energy Corp.</i>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, N.M. 87499
Well produces oil or liquids, or location of tanks. Unit <u>M</u> Sec. <u>3</u> Twp. <u>26N</u> Rge. <u>8W</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

NOTE: Complete Parts IV and V on reverse side if necessary.

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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)

10/22/84
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 26 1984
BY Original Signed by FRANK I. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reelv.	Diff. Reelv.
		XX					XX		XX
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.E.T.D.			
9/9/67	7/26/84		7448			7080			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6939 R.K.B.	Gallup		6358			6663			
Perforations						Depth Casing Shoe			
6358 - 6786						7448			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00#	422	295 cu. ft.
7-7/8"	4-1/2", 10.50#	7448	2750 cu. ft.
	2-3/8", E.U.E., 4.70#	6663	

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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
9/14/84		9/20/84		Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hours	219	219	1/2"		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF		
2 bbl. oil	2	2	41		

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size