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	SANTA FE		CONSERVATION COMMISSION			
	FILE	REQUES	T FOR ALLOWABLE			
	U.S.G.S.	ALITADORITATION	AND			
	LAND OFFICE	AUTHORIZATION TO TE	RANSPORT OIL AND NATUR			
						
	TRANSPORTER OIL	_				
	GAS					
	OPERATOR					
1	PRORATION OFFICE					
	Operator					
	Union Texas Petrole	um Corporation				
	Address					
	P.O. Box 808, Farmi	ngton. N.M. 87499				
	Reason(s) for filing (Check proper bo)x)	Other (Please explain			
	New Well XX	Change in Transporter of:	The product capture			
	Recompletion	Oil Dry G	as T			
	Change in Ownership		ensate			
		A CONST	ensure			
	If change of ownership give name	S of a English	1			
	and address of previous owner	Dupain Chinge	(Och)			
			- ,			
11	Legae Name		· · · · · · · · · · · · · · · · · · ·			
	Ledse lydme	Well No. Pool Name, Including I	Formation Kind of			
	Navajo Indian	6-E Basin Dakot	State, F			
	Location					
	Unit Letter L : 2380	Feet From The South Li	ne and 925 Feet 7			
	Line of Section 6 To	wnship 26N Range	8W , NMPM, Sa			
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	7.1.1.1.14			
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which o			
	Plateau, Inc. Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 📆	P.O. Box 108, Farmir			
	1	<u> </u>				
	El Paso Natural Gas C		P.O. Box 990, Farmir			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?			
	give location of tanks.	L 6 26N 8W	NO			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA					
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deeper			
	Designate Type of Completion	XX	XX			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
	9/17/82	10/13/82	6585			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			
	6115 R.K.B.	1				
	Perforations		6270			
	6270 - 6536 (128 holes	2)				
	0300 (120 11012)					
	1101 5 6175	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	315			
		12-1/4" 8-5/8", 32.00#				
		4-1/2", 10.50# & 11.60				
		2-3/8" E.U.E., 4.70#	6405			
		<u> </u>				
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volum						
OII. WELL able for this depth or be for full 2						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga			
- 1	Length of Test	Cosing Pressure				

VI.

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

	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTER OIL GAS	_							
	OPERATOR	-			01				
I.	PRORATION OFFICE Operator								
	Union Texas Petrole	um Corporation	Ou NOV						
	P.O. Box 808, Farmi: Reason(s) for filing (Check proper bo	ngton, N.M. 87499			OON O	1982	7		
	New Well XX	Change in Transporter of:	Other (Pleas	e explain)	1 05 36	my /	-		
	Recompletion	Oil Dry C	Gas 🔲						
١.	Change in Ownership	Casinghead Gas Cond	ensate						
1	If change of ownership give name and address of previous owner	Supron Energy	y Cosp.						
1. j	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including	Formation	14 A - ()					
	Navajo Indian	6-E Basin Dako		Kind of Léas State, Federa	or Fee Fede	ma1	Lease No.		
	Location Unit Letter L : 2380			Feet From		<u>rar j</u>	SF07843		
	(wnship 26N Range	8W , NMPM	_	-		County		
		TER OF OIL AND NATURAL G							
	Name of Authorized Transporter of Oil Plateau, Inc.	or Condensate	Address (Give address t				e sent)		
+	Name of Authorized Transporter of Ca	me of Authorized Transporter of Casinghead Gas or Dry Gas			P.O. Box 108, Farmington, N.M. 87499 Address (Give address to which approved copy of this form is to be sent)				
-	El Paso Natural Gas C		P.O. Box 990,	armingto		7499			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When						
I	this production is commingled wi	th that from any other lease or pool,	give commingling order	number:					
-	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back So	me Resty.	Diff. Res'v		
L	Designate Type of Completic	; XX	XX	1	1	me ries v.	i Nes-v		
1	Date Spudded 9/17/82	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	-,	L <u>-</u>		
Ē	Elevations (DF, RKB, RT, GR, etc.)	10/13/82 Name of Producing Formation	6585 Top Oil/Gas Pay		6560 Tubing Depth				
	6115 R.K.B. Dakota		627 0		6405				
	Perforations 6270 - 6536 (128 holes			Depth Casing S 6585	hoe				
		TUBING, CASING, AND	CEMENTING RECORD)					
\vdash	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	12-1/4" 8-5/8", 32.00# 7-7/8" 4-1/2", 10.50# & 11.6		315 # 6585		295 cu. ft.				
		2-3/8" E.U.E., 4.70#	6405		1779 cu. ft. (3 stages)				
	EST DATA AND REQUEST FO		ter recovery of total volum pth or be for full 24 hours)	e of load oil a	nd must be equal	to or exce	ed top allow		
	ate First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)						
Ļ	ength of Test	Tubing Pressure	Casing Pressure		Lovelle 0				
-	angth of fast	I domid Lieseme	Cusing Pressure		Choke Size				
Actual Prod. During Test Oil-Bbls.		Oil-Bble.	Water - Bbls.		Gas - MCF				
	AS WELL								
Ι Α	ctual Frod. Test-MCF/D 1645	Length of Test	Bbls. Condensate/MMCF		Gravity of Conde	enaate			
Ŧ	esting Method (pitot, back pr.)	3 hours Tubing Pressure(Shut-in)	Casing Pressure (Shut-i		Choke Size		 :		
_	Back Pressure	1397	1365		3/4"				
Cł	RTIFICATE OF COMPLIANC	E	OIL CC //-ふみ-8つ	NSERVAT	TION COMMIS	SSION			
		gulations of the Oil Conservation	//-22-82 APPROVED						
	mmission have been complied wi ove is true and complete to the		BY Original Street 2, 21 (2.1.5) 29AVEZ						
			TITLESUMERVIOUR DESTRICT # 3						
Tennett E. Rodoy (Signature)			This form is to be filed in compliance with MULE 1104.						
	Jenneth E. Kodsky		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						
	Production Superintend		tests taken on the we	ll in accorde	ince with RUL	E 111.			
	(Tule		All sections of this form must be filled out completely for allow- sbie on new and recompleted wells.						
	November 5, 1982	·,····	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.						
	Dute	,	Separate Forms C-104 must be filed for each pool in multiply						
		n	completed wells.						