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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAY 11 1984
OIL CON. DIV.
DIST. 3

RECEIVED
MAY 07 1984
OIL CON. DIV.
DIST. 3

Operator Union Texas Petroleum Corporation	
Address P. O. Box 1290, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	To furnish production data on tests. Well began producing gas into pipeline on 4/18/84
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nickson	Well No. 22	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 078430
Location Unit Letter <u>H</u> ; <u>1852</u> Feet From The <u>North</u> Line and <u>637</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>26N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.	P. O. Box 489, Bloomfield, N.M. 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Union Texas Petroleum Corporation	P. O. Box 1290, Farmington, N.M. 87413	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>14</u>
	Twp. <u>26N</u>	Rge. <u>8W</u>
	Is gas actually connected? <u>Yes</u> When <u>4/15/84</u>	

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.
			XX					
Date Spudded 9/15/83	Date Compl. Ready to Prod. 11/8/83		Total Depth 6520		P.B.T.D. 6470			
Elevations (DF, RKB, RT, GR, etc.) 6312 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5641		Tubing Depth 6408			
Perforations 5641 - 6446					Depth Casing Shoe 6520			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8", 24.00#, K-55		323		342 cu. ft.			
7-7/8"	5-1/2", 15.50#, K-55		6520		1642 cu. ft. (2 stages)			
	2-3/8", 4.70#, J-55		6408					

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 4/18/84	Date of Test 5/2/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 103	Casing Pressure 103	Choke Size 1-1/4"
Actual Prod. During Test 18 bbl. of oil	Oil-Bbls. 18	Water-Bbls. 4	Gas-MCF 331

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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)
5/3/84
(Date)

OIL CONSERVATION COMMISSION
5-11-84
APPROVED MAY 11 1984, 19
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE
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.