

NO. OF TOWNSHIP MEMBERS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Union Texas Petroleum Corporation				
Address P. O. Box 1290, Farmington, New Mexico 87499				
Reason(s) for filing (Check proper box) ☐ New Well ☐ Recombination ☐ Change in Ownership				
Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☒ Dry Gas ☐ Condensate				
Other (Please explain)				
OCT 29 1984 OIL CON. DIV. DIST. 3				
E-4959-1 B-11017-35 E-2131-3 E-588-2 E-6635-01				
If change of ownership give name and address of previous owner				
I. DESCRIPTION OF WELL AND LEASE				
Lease Name State Com	Well No. 1-F	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No. State B-11017-39
Location Unit Letter 0 : 1062 Feet From The South Line and 1666 Feet From The East Line of Section 16 Township 28N Range 9W NMPM, San Juan County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau, Inc.	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 Casinghead Gas ☐ or Dry Gas ☒ Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1290, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 16 Twp. 28N Rge. 9W	Is gas actually connected? When No

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.

III. 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)
10/26/84
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 29 1984
BY Frank J. Dwyer
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1102.
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 Resrv.	Dill. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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)

Once 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/MCF	Gravity of Condensate
Tubing Pressure (Start-End)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size