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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Union Texas Petroleum Corporation	
Address P.O. Box 808, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	This well began producing into Union Texas Petroleum Corporation's pipeline on 2/28/83.
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 Zachry	Well No. 39	Pool Name, Including Formation Armenta Gallup	Kind of Lease State, Federal or Fee Federal SF	Lease No. 080724-A
Location Unit Letter <u>K</u> ; <u>1695</u> Feet From The <u>South</u> Line and <u>1750</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>28N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, New Mexico 87413	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 808, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 11
	Twp. 28N	Rge. 10W
	Is gas actually connected? Yes	When 2/26/83

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/14/83	Date Compl. Ready to Prod. 2/1/83	Total Depth 5950	P.B.T.D. 5940					
Elevations (DF, RKB, RT, GR, etc.) 5649 R.K.B.	Name of Producing Formation Gallup	Top Oil/Gas Pay 5342	Tubing Depth 5789					
Perforations 5342 - 5992 (87 holes)	Depth Casing Shoe 5950							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 40.50#		289		295 cu. ft.			
9-7/8"	7-5/8", 26.40#		5310		3330 cu. ft. (2 stages)			
6-3/4"	5-1/2", 17.00#		5147 - 5950		231 cu. ft.			
	2-3/8" E.U.E., 4.70#		5789					

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 3/2/83	Date of Test 3/4/83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 35	Casing Pressure 308	Choke Size 1"
Actual Prod. During Test 45 bbls.	Oil - Bbls. 45	Water - Bbls. -0-	Gas - MCF 309

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 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)March 15, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED

Original Signer

BY

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.