NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE FILE U.S.G.S. LAND OFFICE U.S.G.S. LAND OFFICE U.S.G.S. U.S. U			1	/)			
REMUEST FOR ALLOWABLE FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE INAMPORTER OIL PROPATION P. O. BOX 1290, Farmington, New Mexico Proparation P. O. BOX 1290, Farmington, New Mexico Cossophesid Gas Union Texas Petroleum Corporation If change of ownership give name and address of previous conner If change of ownership give name and address of previous conner I BESCRIPTION OF WELL AND LEASE Least Name Angel Peak "B" 38 Undestignated Gallup Binst, Federal of Fee Fed. SF 047017-B Lorotton Union Letter K 2030 Fee From The South Line and 1980 Feet From The West Line at Section 24 Township 28N Range 11H NNPM San Juan Country III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of City 20 or Christon Union Letter Plateau, Inc. Name of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Union Letter Plateau, Inc. Name of Authorized Transporter of City 20 or Christon Union Letter Plateau, Inc. Name of Authorized Transporter of City 20 or Christon Union Letter Plateau, Inc. Name of Authorized Transporter of City 20 or Christon Union Letter Plateau, Inc. Name of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Union Letter Plateau, Inc. Name of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of City 20 or Christon Note of Authorized Transporter of Cit		NO. OF COPIES RECEIVED		/		11003			
## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S.		<u></u>	NEW MEXICO OIL	ONSERVATION COMM	ISSION . $= (c')$	Form C-104			
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CALL		SANTA FE			20%	Supersedes Ol	d C-104 and C-11		
Characteristic Conservation Co		FILE	•		ال ص	Effective 1	3		
PROMATION OFFICE OAA		U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	NATURAL GAS	<i>ii </i>	! 		
Resembletion Change in Transporter of: Change in Transporter of: Change in Transporter of: Change in Transporter of: Change in Ownership; Change of		LAND OFFICE				3 -	(4) .		
Resembletion Change in Transporter of: Change in Transporter of: Change in Transporter of: Change in Transporter of: Change in Ownership; Change of		TRANSPORTER				₍₃ 8 3			
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Resembletion Change in Transporter of: Change in Transporter of:	I.					<u></u>			
Resembletion Change in Transporter of: Change in Transporter of:		Union Texas Petroleum Corporation Oli nist. 3							
Change of Ormership Costingheed Cas Dry Cas Condensate Dry Cas D	P. O. Box 1290, Farmington, New Mexico 87499								
Second Content Conte									
If change of ownership									
III Change of ownership give name and address of previous owner III. DESCRIPTION OF WELL AND LEASE Lease Name Angel Peak "B" 38					e on 6/16/	83 for tests.	•		
II. DESIGNATION OF WELL AND LEASE Well No. Pool Name, Including Pormation State, Federal or Pee Fed. SF O47017-B		Change in Ownership	Casinghead Gas Conde	nsate					
Lecase Name									
Lecase Name	II.	DESCRIPTION OF WELL AND I	LEASE						
Location			Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.		
Line of Section 24 Township 28N Ronge 11W NMPM San Juan County		Angel Peak "B"	38 Undesignated	Gallup	State, Federal or	Fee Fed. SF	_ 047 <u>01</u> 7-B		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name oil Authorized Transporter of Oil (X)				ŗ					
Name of Authorized Transporter of Oil. (C) or Condensate Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Name of Authorized Transporter of Oil. (C) or Or Dry Gas Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Name of Authorized Transporter of Cosinghead Gos (C) or Dry Gas 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. 87499 If well produces oil or liquids, quell section of tontas. K. 24 28N 11W Yes 6/14/83 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) XX XX XX Date Spudded Date Compl. Ready to Prod. Silvations (DF. RKB, RT. CR. stc.) Solvations (DF. RKB, RT. CR. stc.) Solvations (DF. RKB, RT. CR. stc.) Ferforations Solvations (BF. RKB, RT. CR. stc.) HOLE SIZE CASING & TUBING SIZE CASING & TUBING SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 13-3/4" 7", 23.00#, K-55 Solvations (DF. RKB, RT. CR. stc.) TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of toolar value of load oil and must be equal to or exceed top allow of load. P. O. Box 1290, Farmington, N.M. 87419 Actual Prod. During Test Oil. WELL OIL WELL Cashing A Tubing Personer Canno Personer Choke Size Choke Size Choke Size Choke Size Choke Size Actual Prod. During Test Oil. Sbls. Wetter-Bils. Gas-MGF Oil Spd.		Unit Letter K : 2030 Feet From The South Line and 1980 Feet From The West							
Name of Authorized Transporter of Oil (X) Address (five address to which approved copy of this form is to be sent) Plateau, Inc.		Line of Section 24 Tow	mship 28N Range	LIW , NMPM,	San Ju	<u>an</u>	County		
Name of Authorized Transporter of Oil (X) Address (five address to which approved copy of this form is to be sent) Plateau, Inc.							•		
Plateau, Inc. Nome of Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter to Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter to Dry Gas Autherized Transporter of Casinghead Gas X or Dry Gas Autherized Transporter	Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	IS					
Name of Authorized Transporter of Cosinghead Gos X or Dry Gos Address (five address to which approved copy of this form is to be sent) Union Texas Petroleum Corporation P. O. Box 1290, Farmington, N.M. 87499 If well produces oil or fliquids, que location of tanks. K 24 28N 11W Yes 6/14/83 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) XX XX XX XX XX XX XX		Name of Authorized Transporter of Oil	or Condensate	Address (Give address t	o which approved	copy of this form is t	o be sent)		
Name of Authorized Transporter of Cosinglead Gos X or Dry Gos 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. 87499 If well produces oil or liquids, que location of tanks. K 24 28N 11W Yes 6/14/83 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) XX XX XX XX XX XX XX		Plateau, Inc.		P. O. Box 489,	Bloomfiel	d, N.M. 8741	13		
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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)			K 24 28N 11W	Yes	! 6	/14/83			
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Designate Type of Completion — (X) XX XX XX XX XX XX XX			it that from any other rease or poor,	give comminging order					
Date Spudded				New Well Workover	Deepen P	lug Back Same Res	stv. Diff. Restv.		
Date Spudded 3/23/83 5/24/83 6090 6050		Designate Type of Completio	n - (X) XX	XX	i i	į	Ì		
Elevations (DF, RKB, RT, GR, etc.) Same of Producing Formation Solitons		Date Spudded			P	B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Same of Producing Formation Solitons		3/23/83	5/24/83	6090		6050			
S751 R.K.B. Gallup S597 S751 Depth Casing Shoe				+	Т	ubing Depth			
Depth Casing Shoe		5751 R.K.B.	Gallup	5597		5751			
TUBING, CASING, AND CEMENTING RECORD					D	epth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD		5597 - 5993			,	6090			
HOLE SIZE		0037 0330							
13-3/4" 9-5/8", 36.00#, K-55 315 325 CU. ft. 8-3/4" 7", 23.00#, K-55 5200 2374 CU. ft. (2 stages 6-1/4" 4-1/2", 11.60#, K-55 4965 - 6090 214 CU. ft. 2-3/8", E.U.E., 4.70# 5751 V. TEST DATA AND REQUEST FOR ALLOWABLE		HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	т	SACKS CEN	MENT		
8-3/4" 7", 23.00#, K-55 5200 2374 cu. ft. (2 stages			9-5/8" 36 00# K-55	315		325 cu. ft.			
6-1/4" 4-1/2", 11.60#, K-55		8-3/4"		+			(2 stages		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks 6/16/83 Length of Test Tubing Pressure 24 hours Actual Prod. During Test Oil-Bbls. Date Oil-Bbls. Crest must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) Choke Size 7/8" 7/8" Actual Prod. During Test Oil-Bbls. Water-Bbls. O 94									
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks 6/16/83 Length of Test Tubing Pressure 24 hours Actual Prod. During Test Oil-Bbls. Date of Test (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) Pumping Casing Pressure Casing Pressure Choke Size 7/8" Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF 94									
OIL WELL Date First New Oil Run To Tanks 6/16/83 Length of Test 7/15/83 Length of Test 24 hours Actual Prod. During Test 5 bbl. Date of Test Tubing Pressure Oil-Bbls. Date of Test Producing Method (Flow, pump, gas lift, etc.) Pumping Casing Pressure Casing Pressure Casing Pressure 7/8" Water-Bbls. Gas-MCF 94		The part will be direct for	<u> </u>		ne of load oil and	must be equal to or a	exceed top allow		
Date First New Oil Run To Tanks	٧.		JR ALLUWABLE (lest must be a able for this de	jier recovery of total volu: pth or be for full 24 hours	ne oj roda oti ana)	meet of Edmit to OL (
6/16/83 7/15/83 Pumping Length of Test Tubing Pressure Casing Pressure Choke Size 24 hours 40 135 7/8" Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF 5 bbl. 5 0 94		Date First New Oil Run To Tanks				itc.)			
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CAC WELL		DDI.) 5	<u> </u>		- 1			
		CAC WELL							

Testing Method (pitot, back pr.)

Tubing Pressure (Shut-in)

VI. CERTIFICATE OF COMPLIANCE

Actual Prod. Test-MCF/D

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

Length of Test

1/ 11 - DM	
Kenneth E. Kolly	_
Kenneth E. Roddy (Signature) Area Production Superintendent	
Area Production Supérintendent	_
(Title)	

October 4, 1983

(Date)	

OIL CONSERVATION COMMISSION OCT 6 - 1983					
BY	Original Treatment of the				
TITLE		SUPERVISOR DISTAILS SE S			

Gravity of Condensate

Choke Size

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

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.