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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

3001/MS
2/21/83
A-2877

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 type="checkbox"/>	This well began producing into UTP pipeline on 6/16/83 for testing.
Recompletion <input type="checkbox"/>	
Change 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 Angel Peak "B"	Well No. 37	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047017-B
Location Unit Letter: A 795 Feet From The North Line and 569 Feet From The East Line of Section: 24 Township: 28N Range: 11W NMCM, San Juan 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, N.M. 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, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24
	Twp. 28N	Rge. 11W
	Is gas actually connected? Yes	
	When 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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4/14/83	Date Compl. Ready to Prod. 5/27/83		Total Depth 6330		F.B.T.D. 6285			
Elevations (DF, RKB, RT, GA, etc.) 5901 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5433		Tubing Depth 5893			
Perforations 5433 - 6261					Depth Casing Shoe 6329			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8", 36.00#, K-55		310		295 cu. ft.			
8-3/4"	7", 23.00#, K-55		5330		2575 cu. ft. (2 stages)			
6-1/4"	4-1/2", 11.60#, K-55		5129 - 6329		175 cu. ft.			
	2-3/8", E.U.E., 4.70#		5893					

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 6/16/83	Date of Test 6/30/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 72	Choke Size 7/8"
Actual Prod. During Test No oil	Oil-Bbls. 0	Water-Bbls. 10	Gas-MCF 153

GAS WELL

Actual Prod. Test-MCF/D	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Casing Pressure (Shut-in)	Choke Size
	JUL 25 1983	

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 (Signature)

Area Production Superintendent

(Title)

July 19, 1983

(Date)

OIL CONSERVATION COMMISSION

7-29-83
APPROVED JUL 29 1983

BY

TITLE SUPERVISOR DISTRICT #

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.