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TRANSPORTER	OIL	
	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

3099/1/1
3019/1/2
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AUG 19 1983

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"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
This well began producing into UTP pipeline on 8/9/83 for testing.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Angel Peak	Well No. 29	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee	Lease No. Fed. SF 047017-A
Location Unit Letter I ; 1793 Feet From The South Line and 593 Feet From The East Line of Section 10 Township 28N Range 11W, NMPM, 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 I	Sec. 10	Twp. 28N	Rge. 11W
				Is gas actually connected? When yes 8/7/83

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 6/14/83	Date Compl. Ready to Prod. 7/6/83		Total Depth 6140		P.B.T.D. 6094			
Elevations (DF, RKB, RT, GR, etc.) 5591 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5246		Tubing Depth 5954			
Perforations 5246 - 6074					Depth Casing Shoe 6140			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8", 36.00#, K-55		315		236 cu. ft.			
8-3/4"	7", 23.00#, K-55		5164		2216 cu. ft. (2 stages)			
6-1/4"	4-1/2", 11.60#, N-80		4960 - 6140		206 cu. ft.			
	2-3/8", E.H.E., 4.70#		5954					

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 8/9/83	Date of Test 8/10/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 162	Choke Size 1-1/4"
Actual Prod. During Test 10 bbl.	Oil - Bbls. 10	Water - Bbls. 0	Gas - MCF 703

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)

August 17, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 19 1983, 19

BY [Signature]
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.