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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

3091/N1
3017/N2
9-12-83

R

I. Operator
Union Texas Petroleum Corporation

Address
P. O. Box 808, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
This well began producing into UTP pipeline on 7/11/83 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. 27	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047017-A
Location Unit Letter <u>I</u> ; <u>1762</u> Feet From The <u>South</u> Line and <u>973</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>28N</u> Range <u>11W</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, 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. 11
	Twp. 28N	Rge. 11W
	Is gas actually connected? <u>yes</u> When <u>7/9/83</u>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	XX		XX					
Date Spudded 5/26/83	Date Compl. Ready to Prod. 6/14/83		Total Depth 6075		P.B.T.D. 6043			
Elevations (DF, RKB, RT, GR, etc.) 5742 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5415		Tubing Depth 5922			
Perforations 5415 - 6034					Depth Casing Shoe 6075			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8", 36.00#, K-55		319		319 cu. ft.			
8-3/4"	7", 23.00#, K-55		5310		2475 cu. ft. (2 Stages)			
6-1/4"	4-1/2", 11.60#, K-55		5105 - 6075		186 cu. ft.			
	2-3/8", E.U.E., 4.70#		5922					

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 7/11/83	Date of Test 7/25/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 174	Choke Size 1-1/4"
Actual Prod. During Test 15 bbl.	Oil-Bbls. 15	Water-Bbls. 8	Gas-MCF 441

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)
August 17, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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.