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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

API 30-045-23521

Operator		UNION TEXAS PETROLEUM	
Address		1860 Lincoln Street, Suite 1010, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" 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"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease
JOHNSTON FEDERAL		16	Blanco Pictured Cliffs	State, Federal or Fee Federal
Location				
Unit Letter	D	820	Feet From The N Line and 1040	Feet From The W
Line of Section	33	Township	31N	Range 9W, NMPM, San Juan County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.		Union Texas Petroleum	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		1860 Lincoln #1010, Denver, Co. 80295	
El Paso Natural Gas Co.		Address (Give address to which approved copy of this form is to be sent)	
		Same as above	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	D	33	31N
			Rge. 9W
			Is gas actually connected? No
			When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

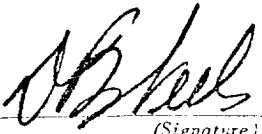
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
8/6/79	10/15/79		3424		3400				
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Blanco Pic. Cliffs	Pictured Cliffs		3062		3121				
Perforations					Depth Casing Shoe				
3062-3108		(59 holes)		3424					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4		9-5/8"		318		275			
8-3/4		5-1/2"		3424		1200			
--		2-3/8" tubing		3121		--			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4156	3 hours	0	0
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Positive choke	326	671	3/4

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____ 19	
		BY Original _____ A. R. Kendrick	
		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 Sections I, II, III, and VI only 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			



DISTRICT PRODUCTION MANAGER

NOVEMBER 8, 1979

(Date)