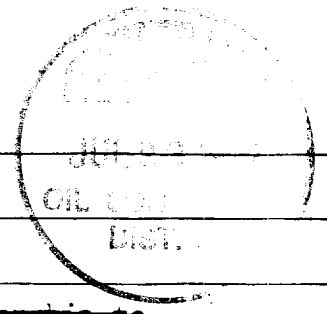


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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and
Effective 1-1-65



I. Operator
 Union Texas Petroleum Corporation
Address
 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

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 checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
~~Change of Ownership to~~
~~Unicon Producing Company Successor~~
~~Supron Energy Corporation~~

If change of ownership give name and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 97401

II. DESCRIPTION OF WELL AND LEASE

Lease Name USA	Well No. 2	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal SF	Lease No. 78818A
Location Unit Letter <u>M</u> ; <u>930</u> Feet From The <u>South</u> Line and <u>1050</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>32 North</u> Range <u>13 West</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent.) P. O. Box 108, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent.) 1800 First International Building Dallas, TX 75201					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 24	Twp. 32N	Rge. 13W	Is gas actually connected? Yes	When 06-22-81

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 Res'v.	Diff. Res
		X						
Date Spudded 08-31-80	Date Compl. Ready to Prod. 04-20-81	Total Depth 7069' MD		F.B.T.D. 7033'				
Elevations (DF, RKB, RT, GR, etc.) 5941' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6692'		Tubing Depth 6642'				
Perforations 6692, 96, 98, 6768, 70, 98, 6800, 18, 62, 64, 66, 68, 70, 6906, 08, 12, 14, 18, 30, 32, 34						Depth Casing Shoe 7063'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		316'		250 Sx Class B			
7 7/8"	5 1/2"		7063'		1300 Sx Class B (3			
	1 1/2"		6536'		stage			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able 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
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.

Union Texas Petroleum Corporation

(Signature)
Vice-President

(Title)
6-11-82
(Date)

OIL CONSERVATION COMMISSION

JUL 23 1982

APPROVED _____, 19__

BY **Original Signed by Jeff Edmister**

DEPUTY CHIEF GAS INSPECTOR, DIST. #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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.