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HO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
u.s.g.s.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				
Union Tex	as Pe	tro	leu	
Address	_			
1060 Timesin Ctmost				

	DISTRIBUTION SANTA FE	1	CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1		
	FILE U.S.G.S.	AUTHORIZATION TO TR	AND / Effective 1-1-65			
,	LAND OFFICE	. AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	TRANSPORTER GAS	-		PEDA		
	OPERATOR	1	,			
1.	PRORATION OFFICE Operator]		J. 1/4 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Union Texas Petroleu	m Corporation	* 5 6 3			
Address						
	Recson(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	Change of Owner	±		
	Recompletion Change in Ownership X	Oil Dry Ga Casinghead Gas Conder		. •		
If change of ownership give name Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 8740						
	and address of previous owner	upron Energy Corporation	n, P. U. Box 808, Farming	gton, New Mexico 87401		
11.	II. DESCRIPTION OF WELL AND LEASE					
	Lease Name Angel Peak "B"	Well No. Pool Name, Including For Fulcher Kutz	ormation Kind of Lease Pictured Cliff State, Federa			
	Location State, rederal or res					
	Unit Letter;	South South Lin	ne andFeet From 1	West		
	Line of Section 24 Township 28N Range 11W San Juan County					
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA	Address (Give address to which approv	ved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas Southern Union Gathe		Address (Give address to which approx First International Bu			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Dallas, Texas 75201 Is gas actually connected? Whe	5/50		
	give location of tanks.	K 24 28N 11W	Yes	3/30		
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
	Designate Type of Completion	on - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3/29/50	4/17/50	1875			
	Elevations (DF, RKB, RT, GR, etc.) 5793	Name of Producing Formation Picture Cliffs	Top Oil/Gas Pay 1767'	Tubing Depth		
	Perforations		Depth Casing Shoe 1770'			
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	10 3/4" 8 3/4"	8 5/8" 5 1/2"	110'	75		
	0 3/4	3 1/2				
į						
V.	TEST DATA AND REQUEST FOOLL WELL	ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)				
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	(t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water-Bbis.	Gas - MCF		
	Actual Prod. During Test	Oil-Bbls.	water - Dis.	GdB-MCF		
'		1	<u> </u>	`=_		
1	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MVCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE	 CE	OIL CONSERVA	TION COMMESION		
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.		OIL CONSERVATION COMMESION				
		By Original Signed by Jeff Edmister				
		 -				
	Union Texas Petroleum Corporation		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3			
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepener 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 allow able on new and recompleted wells.				
(Signature)						
Vice - President						
(a) 10/82 (Title)						

(Date)

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.