NO. OF COPIES REC	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			`.
TRANSPORTER	OIL		
TRANSPORTER	GAS		
OPERATOR			
PROBATION OF	1		

II.

III.

	7				
NO. OF COPIES RECEIVED	 	4			
DISTRIBUTION	 	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE	1	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-	
FILE		AND			.Effective 1-1-65
u.s.g.s.		AUTHORIZATION TO TRA	ANSPORT OIL AND N	NATURAL C	SAS
LAND OFFICE					
TRANSPORTER GAS					COUNTRY
OPERATOR					
PRORATION OFFICE					1 Care
Operator	 				JUL 2 3 1982
Union Texas Pe	troleum Co	propration		,	
Address	.crozoam oc	- porticion			OIL COM
		te 1010, Denver, Col			DIS
Reason(s) for filing (Check)	proper box)		Other (Please	explain)	
New Well	(Change in Transporter of:	Change o	f Ownersl	rip to
Recompletion	(Oil Dry Go	us Unicon P	roducing	Company successor to
Change in Ownership X		Casinghead Gas Conde		nergy Cor	poration
of change of ownership giverand address of previous over	e name vner Supro	on Energy Corporation	n, P. O. Box 808	, Farming	gton, New Mexico 87401
DESCRIPTION OF WEL					
Lease Name		Well No. Pool Name, Including F		Kind of Lease	Loade ito:
McCroden Location		3 Tapacito Pictu	ured Cliffs	State, Federa	or Fee Fed SF 079616
Unit Letter 0	; 1000	Feet From The South Lin	ne and1670	Feet From 1	The East
Line of Section 3	Township	25 North Range 3	West , NMPM,	Rio An	criba County
DESIGNATION OF TRA	NSPORTER (OF OIL AND NATURAL GA	\S		
Name of Authorized Transpo		or Condensate		o which approx	ed copy of this form is to be sent)
Name of Authorized Transpo	rter of Casinghea	d Gas or Dry Gas X	: Address (Give address t	o which approx	ed copy of this form is to be sent)
Gas Company of			1800 First Int	ernationa	al Building
	Linia	Sec. Twp. Rge.	Dallas, Texas		•n
If well produces oil or liquid give location of tanks.	.5,			1	
		3 25N 3W	Yes		12/2/64
	ngled with that	from any other lease or pool,	give commingling order	number:	
COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Resty. Diff. Resty
Designate Type of C	ompletion - (X)	1	1	
Date Spudded	Date	Compl. Ready to Prod.	XX Total Depth		P.B.T.D.
8/25/64		8/31/64	3865'		3830'
Elevations (DF, RKB, RT, G	P - Name	of Producing Formation	Top Oil/Gas Pay	··· · · · · · · · · · · · · · · · · ·	Tubing Depth
		•	3730'		3727'
7252'	Pict	ture Cliffs	3/30		
Perforations		. •			Depth Casing Shoe
	3790 '- 3808	3'			3864
		TUBING, CASING, AND	CEMENTING RECOR	D	· · · · · · · · · · · · · · · · · · ·
HOLE SIZE		CASING & TUBING SIZE	DEPTH SE	Т	SACKS CEMENT
		7-5/8"	195		125
		4-1/2"	3864		600
					<u> </u>
TEST DATA AND REQ	UEST FOR A	LLOWABLE (Test must be a	fter recovery of total volum	ne of load oil o	and must be equal to or exceed top allo
OIL WELL			pth or be for full 24 hours		
Date First New Oil Run To	Tanks Date	of Test	Producing Method (Flow	, pump, gas lif	t, etc.)
Length of Test	Tubi	ng Pressure	Coston Description		Choke Size
Length of 1est		id Liesema	Casing Pressure		Chore Size
		Dhl	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Actual Prod. During Test	0:1-1	JDIS.	Water-Bbls.		Gas-MCF
CAS WELL				-	
GAS WELL Actual Prod. Test-MCF/D		th of Test	Phia Condense Conte	-	Complete of Complete
Actual Prog. 1881-MCF/D	Leng	Length of Test Bbls. Condensate/MMCF		Gravity of Condensate	
Tanana Makana Makana andara	Total Transit	og Draggues (etc.)	C1 D 151 1	45)	Challe Bir
Testing Method (pitot, back	pr.) Tubir	ng Pressure (Shut-in)	Casing Pressure (Shut-	-10)	Choke Size
			 		<u> </u>
CERTIFICATE OF COM	MPLIANCE		OIL C	ONSERVA	TION COMMISSION
				1111 90	1982

VI.

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

\	\sum_{i}	
· .	- Vice - President	
	6/11/82	
	(Date)	

BY Original Signed by Jeff Edmister

DEPUTY OIL & GAS INSPECTOR, DIST. This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepenewell, 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.

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.