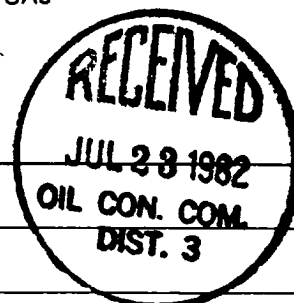


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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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-1
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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

~~Change of Ownership to~~
~~Union Producing Company successor to~~
~~Supron Energy Corporation~~

If change of ownership give name and address of previous owner
Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|------------------|
| Lease Name JICARILLA "N" | Well No. 2 | Pool Name, including Formation BASIN DAKOTA | Kind of Lease State, Federal or Fee <u>FED</u> | Lease No. 418 |
| Location Unit Letter <u>N</u> ; <u>790</u> Feet From The <u>SOUTH</u> Line and <u>1850</u> Feet From The <u>WEST</u> Line of Section <u>3</u> Township <u>24 NORTH</u> Range <u>5 WEST</u> , NMPM, <u>RIO ARRIBA</u> 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) Post Office Box 108, Farmington, NM 87401 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) Post Office Box 1492, El Paso, TX 79978 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 3 | Twp. 24N | Rge. 5W | Is gas actually connected? YES | When 12-3-70 |

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'v. |
| | | XX | XX | | | | | |
| Date Spudded 8 11 70 | Date Compl. Ready to Prod. 9 4 70 | | Total Depth 7060 | | P.B.T.D. 7022 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6675 RKB | Name of Producing Formation DAKOTA | | Top Oil/Gas Pay 6934 | | Tubing Depth 6935 | | | |
| Perforations 6934-7002 | | | | | Depth Casing Shoe 7059 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4 | 8-5/8 | | 303 | | 250 | | | |
| 7-7/8 | 5-1/2 | | 7059 | | 2250 cu ft | | | |
| | 2-1/16 | | 6770 | | | | | |

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 |
| 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)

6/10/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 23 1982, 19

BY Original Signed by Jeff Edmister

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 deepened well, this form must be accompanied by a tabulation of the deviator 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

