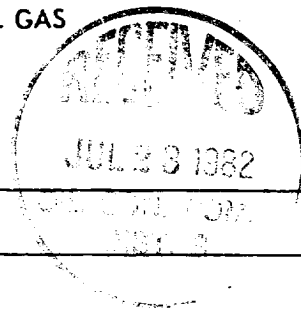


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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C
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~~
~~Unicon 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 "L" Well No. 5 Pool Name, Including Formation OTERO GALLUP Kind of Lease State, Federal or Fee Lease No. 10
Location
Unit Letter N 940 Feet From The SOUTH Line and 1850 Feet From The WEST
Line of Section 33 Township 25 NORTH Range 5 WEST, NMPM, RIO ARRIBA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ 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 ☐ or Dry Gas ☒ 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. 33 Twp. 25N Rge. 5W Is gas actually connected? NO When

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
XX XX
Date Spudded 11 11 71 Date Compl. Ready to Prod. 12 13 71 Total Depth 7172 P.B.T.D. 7135
Elevations (DF, RKB, RT, GR, etc.) 6761 RKB Name of Producing Formation GALLUP Top Oil/Gas Pay 6050 Tubing Depth 6279
Perforations 6050-6332 Depth Casing Shoe 7154
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4 8-5/8 339 250
7-7/8 5-1/2 7154 1st stage cemented w/600 cu ft stag
2-1/16 6279 collar set 5165 2nd stage cemented w,
375 cu ft/ stage collar set 3810. 3rd stage cemented w/1300 cu ft

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
Vice-President
6/11/82
OIL CONSERVATION COMMISSION
APPROVED JUL 23 1982
BY Original Signed by Jeff Edmister
DEPUTY OIL & 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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able 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 condit
Separate Forms C-104 must be filed for each pool in multi completed wells.