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TRANSPORTER	OIL	
	GAS	
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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
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:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	Change of Ownership to
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Union Producing Company successor to
		Dry Gas <input type="checkbox"/>	Supron Energy Corporation
		Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 8740

II. DESCRIPTION OF WELL AND LEASE

Lease Name	JICARILLA	"L"	Well No.	5	Pool Name, including Formation	BASIN DAKOTA	Kind of Lease	State, Federal or Fee	Lease
Location	Unit Letter <u>N</u> ; <u>940</u> Feet From The <u>SOUTH</u> Line and <u>1850</u> Feet From The <u>WEST</u>								
Line of Section	<u>33</u>	Township	<u>25 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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Plateau, Inc.</u>	Post Office Box 108, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>El Paso Natural Gas Co.</u>	Post Office Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>N</u>	<u>33</u>	<u>25N</u>	<u>5W</u>	<u>NO</u>	

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't.	Diff. Re
		<u>XX</u>	<u>XX</u>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>11 11 71</u>	<u>12 13 71</u>		<u>7172</u>		<u>7135</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>6761 RKB</u>	<u>DAKOTA</u>		<u>7056</u>		<u>7056</u>			
Perforations	<u>7056-7114</u>				Depth Casing Shoe			
					<u>7154</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4</u>	<u>8-5/8</u>	<u>339</u>	<u>250</u>
<u>7-7/8</u>	<u>5-1/2</u>	<u>7154</u>	<u>1st stage cemented w/600 cu ft. stag</u>
	<u>2-1/16</u>	<u>7056</u>	<u>collar set 5165. 2nd stage cemented w</u>
<u>375 cu ft/ stage collar set 3810. 3rd stage cemented w/1300 cu ft</u>			

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 of hole 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 (pitot, 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

TITLE 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 deepened 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 all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.