

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

3626/K

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Union Texas Petroleum Corporation	
Address P. O. Box 1290, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name McCroden	Well No. 6	Pool Name, including Formation Ojito Gallup-Dakota	Kind of Lease Federal	Lease No. SF 079616
Location Unit Letter <u>P</u> ; <u>828</u> Feet From The <u>South</u> Line and <u>795</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1290, Farmington, N.M. 87499					
Well produces oil or liquids, give location of tanks.	Unit P	Sec. 3	Twp. 25N	Rge. 3W	Is gas actually connected? Yes	When 4/15/85

this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Barbara Norman
Barbara Norman (Signature)
Production Technician
(Title)
5/2/85
(Date)

OIL CONSERVATION DIVISION

APPROVED

MAY 07 1985

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 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 deviation 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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Resrv.	Duff. Resrv.
Date Spudded 12/1/84	Date Compl. Ready to Prod. 4/20/85		Total Depth 8320		P.B.T.D. 8274				
Elevations (DF, RKB, RT, CR, etc.) 7260 R.K.B.	Name of Producing Formation Gallup Dakota		Top Oil/Gas Pay 7004		Tubing Depth 8062				
Perforations 7004 - 8196					Depth Casing Shoe 8314				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/2"	8-5/8", 24.00#		324		295 cu. ft.				
7-7/8"	4-1/2", 11.60#		8314		3797 cu. ft. 3 stages				
	2-3/8", E.U.E., 4.70#		8062						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/20/85		Date of Test 4/29/85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 250	Casing Pressure 250	Choke Size 3/4"	
Actual Prod. During Test 48 bbl. of oil	Oil - Bbls. 48	Water - Bbls. 23	Gas - MCF 127	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size