

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Union Texas Petroleum Corporation

Address  
375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McCroden A	Well No. 8	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Fed SF-079609
Location Unit Letter <u>AN</u> ; <u>1120</u> Feet From The <u>South</u> Line and <u>1737</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>25N</u> Range <u>3W</u> NMPM, Rio Arriba 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"/> Conoco, Inc. Surface Trans.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>9</u> Twp. <u>25N</u> Rge. <u>3W</u>	Is gas actually connected? <u>No</u> When <u>Approx. 3/1/87</u>

If 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.

VI. 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.

Robert C. Frank  
(Signature)  
Permit Coordinator  
(Title)  
January 19, 1987  
(Date)

OIL CONSERVATION DIVISION

JAN 23 1987

APPROVED \_\_\_\_\_, 19  
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 deepen well, this form must be accompanied by a tabulation of the deviate 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 condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 9/25/86	Date Compl. Ready to Prod. 11/29/86	Total Depth 6150				P.B.T.D. 6105			
Elevations (DF, RKB, RT, CR, etc.) 7150 GL, 7162 KB	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 5316				Tubing Depth 5953			
Perforations 5316-5422 gross Cliffhouse, 5765-6003 Point Lookout						Depth Casing Shoe Liner 6003			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	9-5/8	342	200 sxs (236 cu.ft.)
8-3/8	7	3973	350 sxs (836 cu.ft.)
5-7/8	4-1/2	3732-6147	350 sxs (550 cu.ft.)

#### 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 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 2677	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 738	Casing Pressure (shut-in) 1215	Choke Size 3/4