

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form C-104  
Revised 10-01-78  
Formal 10-01-83  
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 Ernest	Well No. 2	Pool Name, including Formation Escrito Gallup	Kind of Lease State, Federal or Fee Fed	Lease No. NM-014023
Location Unit Letter <u>YC</u> : <u>900</u> Feet From The <u>North</u> Line and <u>1715</u> Feet From The <u>West</u>				
Line of Section <u>27</u> Township <u>24N</u> Range <u>7W</u> , NMPM, Rio Arriba County				

III. 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 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, UT 84108
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 27 24N 7W
Is gas actually connected?	When No Approx 5/1/87

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)  
February 19, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 23 1987  
Original Signed by CHARLES GHOLSON  
BY 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 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 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 condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty..
Date Spudded 11/28/86	Date Compl. Ready to Prod. 12/21/86		Total Depth 5775		P.B.T.D. 5737				
Elevations (DF, RKB, RT, GR, etc.) 6813 GL, 6815 KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 5384		Tubing Depth 5650				
Perforations 5384-5487 (gross) 5549-5657 (gross) Gallup						Depth Casing Shoe 5775			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		308		225 sxs (266 cu.ft.)				
7-5/8	4-1/2		5775		1010 sxs (2106 cu.ft.)				
	2-3/8		5650						

#### 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 1/24/87	Date of Test 2/16/87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 187	Casing Pressure 188	Choke Size 0.25
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 1.5	Gas - MCF 65

#### GAS WELL

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