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TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	

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

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Union Texas Petroleum Corporation

P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

☒ New Well
☐ Recombination
☐ Change in Ownership
☐ Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

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Change of ownership give name
address of previous owner

OIL CON. DIV.
DIST. 3

DESCRIPTION OF WELL AND LEASE

Well Name F-18-24-9	Well No. 2	Pool Name, including Formation Bisti Lower Gallup Ext.	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 45209
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Unit Letter A : 990 Feet From The North Line and 1650 Feet From The West

Line of Section 18 Township 24N Range 9W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Platinum Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N. M. 87413
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1526, Salt Lake City, Utah 84110
Well produces oil or liquids, or location of tanks. Unit <u>A</u> Sec. <u>18</u> Twp. <u>24N</u> Rge. <u>9W</u>	Is gas actually connected? <u>No</u> When

If its 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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent

0/17/84

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 22 1984, 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 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Dill. Resrv.
		XX		XX					
Date Spudded 12/07/81	Date Compl. Ready to Prod. 2/1/82			Total Depth 5640			P.B.T.D. 5593		
Deviations (DF, RKB, RT, GR, etc.) 6950 R.K.B.	Name of Producing Formation Gallup			Top Oil/Gas Pay 5318			Tubing Depth 5506		
Perforations 5318 - 5530							Depth Casing Shoe 5638		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00#	247	236 cu. ft.
7-7/8"	4-1/2", 10.50#	5638	2070 cu. ft. (2 stages)
	2-3/8", E.U.E., 4.70#	5506	

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 1/14/82	Date of Test 1/25/82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure Flow 100/S.I. 510	Casing Pressure Flow 100/S.I. 1010	Choke Size 1/2"
Actual Prod. During Test 32 bbl. oil	Oil - Bbls. 32	Water - Bbls. 5	Gas - MCF 64

GAS WELL

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