NO. OF COPIES REC	LIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
INANSPORTER	GAS		
OPERATOR			
DESCRIPTION OFFICE			_

1	SANTA FE				OR ALLOWABLE	Supersedes Old C-104 and C-1		
ı	FILE				AND	Effective 1-1-65		
	U.S.G.S.	1		AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS	,		
	LAND OFFICE							
	TRANSPORTER OIL	+				:		
	GAS	+		Ť		Ė		
	OPERATOR OFFICE	-			e.			
1.	Operator	لــــــــــــــــــــــــــــــــــــ						
		Union Texas Petroleum Corporation						
	Address 1860 Lincoln S	Stree	et,	Suite 1010, Denver, Colo	rado 80295			
,	Reason(s) for filing (Check	proper	box)		Other (Please explain)			
	New Well			Change in Transporter of:	Change of Ownersh	ip to		
	Recompletion Oil Dry Gas Union Product Change in Ownership X Casinghead Gas Condensate Supron Energy					ornoration		
	If change of ownership giv and address of previous o	ve nan	ne	Supron Energy Corporation	, P.O. Box 808, Farmington	on, New Mexico 87401		
			ND I	FACE				
II.	DESCRIPTION OF WE	LL A	ו עא	Well No. Pool Name, Including For		Lease No.		
	Jicarilla "H" 9 Tapacito Pictured Cliffs State, Federal or Fee					r Fee feel 103		
	Location		005	No mails	and 825 Feet From The	. East		
	Unit Letter A	_;_	825	Feet From The North Line	e and O25 Feet from the			
	Line of Section 17	7	Tov	vnship 26 North Range 4	West , NMPM, Rio Ar	riba County		
				TOTAL OF OUR AND NATURAL CAS	2			
III.	Name of Authorized Transp	porter o	OR	or Condensate X	Address (Give address to which approved	copy of this form is to be sent)		
	Plateau, Inc.				Post Office Box 108, Fa	rmington, NM 87401		
	Name of Authorized Transp	porter c	of Cas	singhead Gas 🔃 or Dry Gas 🏋	Address (Give address to which approved 1800 First Internationa	l copy of this form is to be sent) 1 Bldg.		
	Gas Company o	of Ne	w M		Dallas Texas 75201 Is gas actually connected? When			
	If well produces oil or liqu	uids,		Unit Sec. Twp. Rge.	Yes	6/2/78		
	give location of tanks.	· -1-		th that from any other lease or pool,		<u> </u>		
v	If this production is come. COMPLETION DATA	mingie	ed W1		,	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of	Comp	letio	on $-(X)$ Oil Well Gas Well	New well	Flug Dack		
	Date Spudded			Date Compi. Ready to Prod.	XX Total Depth	P.B.T.D.		
	11/10-77			4/7/78	6259'	6213'		
	Elevations (DF, RKB, RT,	, GR, e	tc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	7093' GR			Tapacito Pictured Cliffs	3778'	3781 Tepth Casing Shoe		
	Perforations							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE			CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13-3/8"			10-3/4"	416	250		
	9-7/8"			7-5/8"	4058	206_cu_ft		
	6-3/4"			4-1/2"	3895-6255 3781 3273	403 cu ft		
	. TEST DATA AND RE	COUF	ST F	TOR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil a	nd must be equal to or exceed top allow-		
V	OIL WELL			able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas lift			
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas ti)t, etc.)								
	Length of Test			Tubing Pressure	Casing Pressure	Choke Size		
					Water - Bbls.	Gas-MCF		
	Actual Prod. During Test	t		Oil-Bbls.				
	GAS WELL			Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/	/D		Length of lest				
	Testing Method (pitot, bo	ack pr.	,	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
					OH CONSERVA	TION COMMISSION		
V	I. CERTIFICATE OF C	COMP	LIA!	NCE	OIL CONSERVA	TION FORMISSINGS		
I hereby certify that the rules and regulations of the Oil			s and	regulations of the Oil Conservation	APPROV Örlgind Signed by CHARLES GHOLSON			
				with and that the information given he best of my knowledge and belief.	BY	BY		
Union Texas Petroleum Corporation Vice-President Vice-President			eum Corporation	UEPUIT UIL & GAS	TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #8 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.				
			gnature)					
				All particles of this form must be filled out completely for allow-				
	6/11/82 (Title)			Title)	able on new and recompleted we	able on new and recompleted wells.		
				(Date)	if well name or number, or transport	(St. Ot office, agent annual and		
	[Dute/				Separate Forms C-104 mus	t be filed for each pool in multiply		