NO. OF COPIES REC	EIVED	Ī	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR			
PRORATION OF	FICE		

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	DISTRIBUTION		NEW MEXICO OIL	CONSERVATION COMM	ISSION			
	SANTA FE		1		1331014	Form C-104 Supersedes Old C-104 and C-1		
	FILE		Effective 1.1.66					
		<del></del>	AND					
	U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE							
	TRANSPORTER	GAS				ECEIL	CA	
	OPERATOR		<b>-</b>				TU \	
						Mrs .	N. Carrier and Car	
l.	PRORATION OFFI	ICE	<u> </u>				<del>1000  </del>	
	Operator					JUL 23	1200	
	Union Texa	s Petrole	um Corporation		· 	Tou CON.		
	1860 Linco	oln Street	, Suite 1010, Denver, Co.	lorado 80295		DIST.	. 3 <i>j</i>	
	Reason(s) for filing (			Other (Please	explain)			
	New We!l		Change in Transporter of:	I	of Owner	alaine +	- Carantal	
	l ř	=					aon to	
	Recompletion [	<del></del>	Oil Dry G			g Company suc		
	Change in Ownership	<u>X</u> ]	Casinghead Gas Conde	nsateSuprell	<del>Lnorgy L</del>	erporation		
II.	If change of ownersh and address of previous DESCRIPTION OF Lease Name  Jicarilla	ous owner	LEASE Well No. Pool Name, Including F 11E Basin Dakota		Kind of Leas	e _ <b>)</b> }	Lease No.	
	Location							
	A A		800 Feet From The North Lin	and 800	_ Feet From 1	<sub>The</sub> East		
	Unit Letter 11		Peet From TheEn	ie did	_ 1 cct 1 tolli	<u></u>		
		25 та	ownship 26N Range	5 West , NMPM,	Rio A	rriha	Country	
	Line of Section	20 10	ownship 2011 Range	, INMPM,	KIO A	LIIDa	County	
III.	<b>DESIGNATION OF</b>	TRANSPOR	TER OF OIL AND NATURAL GA	<u>IS</u>				
	Name of Authorized T	ransporter of Oi	1 or Condensate 🛣	Address (Give address to	which approx	ved copy of this form i	s to be sent)	
	Plateau, I	nc.		Post Office Box	x 108. Fa	armington, NM	87401	
	'Name of Authorized Tr	ransporter of Co	isinghead Gas or Dry Gas X	Post Office Box Address (Give address to	which approx	ved copy of this form i	s to be sent)	
	1		2.	Post Office Box	z 1492 I	El Paso TX 70	9978	
	El Paso Na	turar cas		Is gas actually connecte		<u> </u>		
	If well produces oil or				u ; , , , , , , , , , , , , , , , , , ,			
	give location of tanks.	•	A 25 26N 5W	yes		5-16-81		
	If this production is	commingled w	ith that from any other lease or pool,	give commingling order	number:			
	COMPLETION DA		an that nom any other reason or poet,	Barra damagana garraga				
			Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same F	Res'v. Diff. Res'v.	
	Designate Type	of Completi	on $-(X)$	1 1	1	1 1	j l	
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	1	P.B.T.D.		
	1		· · · · · · · · · · · · · · · · · · ·	,				
	9-27-80		1-27-81	7615'		7577		
	Elevations (DF, RKB,	RT, GR, etc.;	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	6650' RKB		Basin Dakota	7351		7292		
	Perforations					Depth Casing Shoe		
	7351-7514							
	TUBING, CASING, AND CEMENTING RECORD							
				T		1 2.242		
	HOLES	IZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS C	EMENT	
	12½"		8-5/8"	262'		200_		
	7-7/8"		5½"	7615 <b>'</b>		1105		
			2-3/8"	7292'		<u> </u>		
		<del></del>		1		1		
			OOD ALLOWARDS -	6	6 1			
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 denth or he for full 24 hours.)							
		OII. WELL able 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.)						
	Date First New Oil Ru	in To Tanks	Date of lest	Producing Method (Fibm,	pump, gas tij	1, 610.)		
			<u> </u>					
	Length of Test		Tubing Pressure	Casing Pressure		Choke Size		
	Actual Prod. During T	est	Oil-Bbls.	Water - Bbls.		Gas-MCF		
						<u> </u>		
	GAS WELL					т		
	Actual Prod. Test-MC	CF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensa	.t●	
	Testing Method (pitot,	, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size		
		• •		•	-			
į							<del></del>	
VI.	CERTIFICATE OF	COMPLIAN	CE	OIL C	ONSERVA	TION COMMISSI	ON	
	· i							
	I hereby certify that	the rules and	regulations of the Oil Conservation	APPROVED JUL 2 3 1982 , 19				
	Commission have be	hailaman aa	with and that the information given	A.:.:-1 C:-	and by CHAP	RIFS GHOLSON		
	above is true and c	omplete to the	e best of my knowledge and belief.	BY Original Signed by CHARLES GHOLSON				
				DEPLITY C	IL & GAS IN	ISPECTOR, DIST. #3		
	Union Texa	.s retroie	um Corporation	TITLE DEPUTY OIL & GAS INSTECTER, DIST TO				

## VI.

0112011 101142 10 00 1 - 1 - F	
Vice - President	
6/11/82 (Title)	_
(Date)	

APPRO	VED, 19, 19
BY	Original Signed by CHARLES GHOLSON
T.T. =	DEPUTY OIL & GAS INSPECTOR, DIST. #3
11166	

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.