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I.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1. Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS IUL & B 198**2** COM. DIST. 3 Union Texas Petroleum Corporation Addres 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Change of Ownership Unicon Producing Recompletion OH Dry Gas Casinghead Gas Change in Ownership X Condensate Supren If change of ownership give name Supron Energy Corporation, P. O. Box 808, Farmington, and address of previous owner ____ Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Legse No. State, Federal or Fee 20 S. BLANCO PICTURED CLIFFS FED **JICARILLA** 153 Location **EAST** 1005 Feet From The SOUTH 940 __Line and Feet From The Unit Letter Township 26 NORTH RIO ARRIBA 26 5 WEST Range . NMPM County Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
1800 First International Building
Dallas, Texas 75201
Is gas actually connected? When Name of Authorized Transporter of Casinghead Gas or Dry Gas X Gas Company of New Mexico Unit Twp. P.ge. If well produces oil or liquids, give location of tanks. 4/14/81 26N YES 26 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Oil Well Deepen Gas Well New Well Workover Plug Back Designate Type of Completion -(X)Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. 3145 12 30 80 3176 10 30 80 Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation PICTURED CLIFFS 3066 6645 RKB Depth Casing Shoe Perforations 3174 3066-3113 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 220 7-5/8 26.4# 262 12 - 1/4250 2-7/8 6.5#3174 6 - 3/4(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Oil-Bbls. Water - Bbls. Gga - MCF Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Union Texas Petroleum Corporation

| Vice - President | |
|---------------------|--|
| 6/11/82 (Title) | |

(Date)

| OIL | . CONFIERVATION ROM | MISSION |
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OIL & GAS INSPECTOR, DIST. #1 TITLE .

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