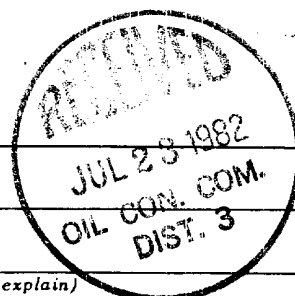


NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		



I. Operator  
Union Texas Petroleum Corporation

Address  
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒ Other (Please explain)  
~~Change of Ownership to~~  
~~Unicon Producing Company Succession to~~  
~~Supron Energy Corporation~~

If change of ownership give name and address of previous owner  
Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA "G"	Well No. 4-E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FED	Lease No. 150
Location Unit Letter E ; 1800 Feet From The NORTH Line and 630 Feet From The WEST Line of Section 11 Township 26 NORTH Range 5 WEST , NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Post Office Box 108, Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1800 First International Bldg. Dallas, Texas 75201			
If well produces oil or liquids, give location of tanks. Unit E Sec. 11 Twp. 26N Rge. 5W	Is gas actually connected? YES	When 7/20/81		

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 10 8 80	Date Compl. Ready to Prod. 12 3 80	Total Depth 8340	P.B.T.D. 8318					
Elevations (DF, RKB, RT, GR, etc.) 7267 RKB	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 8132	Tubing Depth 8334					
Perforations 8132-8282			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	9-5/8 32.3#		318		200			
8-3/4	7" 23.0#		4165		250			
6-1/4	4-1/2 10.5# 11.6#		4012-8334		550			
	2-3/8 EUE 4.7#		8118					

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VII. 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  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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.

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Name Union Texas Petroleum Corporation	
Address P. O. Box 1290, Farmington, New Mexico 84799	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Gashead Gas
	<input type="checkbox"/> Dry Gas
	<input checked="" type="checkbox"/> Condensate
Other (Please explain)	

Change of ownership give name  
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Jicarilla "G"	Well No. 4-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. Fed. Jic Cont.150
Location Unit Letter <u>E</u> : <u>1800</u> Feet From The <u>North</u> Line and <u>630</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gary Energy Corporation	P. O. Box 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P. O. Box 26400, Albuquerque, N.M. 87125
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When
<u>E</u> <u>11</u> <u>26N</u> <u>5W</u>	<u>Yes</u>

Is production is commingling 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  
(Title)

10/1/84  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1984, 19  
BY Frank J. [Signature]  
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.  
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Separate Forms must be filled out for each pool in multiply completed wells.

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OCT 10 1984

OIL CON. DIV.  
DIST. 3