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DISTRIBUTION			
SANTA FE			
FILE		Ι	
U.S.G.S.		<u> </u>	L_
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
	G A S		L

	SANTA FE	,	FOR ALLOWABLE	Supersedes Old C-104 and C-116		
	FILE	·	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS		
	OIL	1				
	TRANSPORTER GAS					
	OPERATOR			Same of the same o		
I.	PRORATION OFFICE	<u> </u>				
	Union Moves Potroloum Corporation					
	Union Texas Petroleum Corporation					
	P.O. Box 808, Farmingt	on. New Mexico 87499	station and the state of the st			
	Reason(s) for filing (Check proper box		Other (Please explain)	Also p		
	New Well	Change in Transporter of:		44.3 J		
	Recompletion	Oil Dry Go	= !	and the second		
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name	Jan Spring & Jan	1.527 KARAM			
	and address of previous owner	- Sa Capalatante to Al Care	the contraction of the contracti			
II.	DESCRIPTION OF WELL AND					
	Lease Name	Well No. Pool Name, Including F	l l	1		
	Jicarilla "H"	6-Y Basin Dakota	State, Federa	or FeeFed. Contr. No. 103		
	M 990	South	ne and 1070 Feet From	West		
	Unit Letter;;	Feet From TheLir	re and Feet From	The West		
	Line of Section 20 Tox	wnship 26N Range	4W , NMPM, Rio A	rriba County		
III.		TER OF OIL AND NATURAL GA	Address (Give address to which appro-			
	Name of Authorized Transporter of Oil	or Condensate X				
	Plateau, Inc. Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	P.O. Box 108, Farmingto Address (Give address to which appro-	ved copy of this form is to be sent)		
	Gas Company of New Mex		First International Building - Dallas, Texas Attention: Mr. R.J. McCraru			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Who			
	give location of tanks.	M 20 26N 4W	No			
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completion	on - (X)	XX			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	6/18/82	8/24/82	7842	7780		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations	Dakota	7568	7720 Depth Casing Shoe		
	7568 - 7756 (Total 45 holes) 7842					
	7508 7750 (10ca1 45		CEMENTING RECORD	1042		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13-3/8"	9-5/8", 32.30#	450	34 9 cu. ft.		
	8-3/4"	7",26.00# & 23.00#		1800 cu. ft. (3 stages)		
		2-3/8" E.U.E., 4.70#	1/20			
v	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
٧.	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 allow 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 li	ft, etc.)		
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	I dom'd Freeze are	3.3 1.1 1.1			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF		
	GAS WELL	I area of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D 596	Length of Test 3 hours	Date: Coldensate/MMC	O. S. T. J. Solideriedie		
	Testing Method (pitot, back pr./	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure	1370		3/4"		
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	ATION COMMISSION		
			11-9-82 NOV 9	1982		
	I hereby certify that the rules and r	egulations of the Oil Conservation				
	Commission have been complied wabove is true and complete to the	beat of my knowledge and belief.	BY Original Signed by FRANK T. CHAVEZ			
			SUPERVIOUR DISTRICT # 3			
			TITLE			
	Kenneth E. Koday		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended.			
Kenneth E. Roddy (Signature) Production Superintendent (Tule)			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 allow-			
						able on new and recompleted w
				October 27, 1982		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.
	(Date)		Separate Forms C-104 must be filed for each pool in multiply			
			completed wells.			