

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

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

I. Operator  
Union Texas Petroleum Corporation

Address  
P.O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

DEC 06 1984  
OIL CON. DIV.  
DIST. 3

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla J	Well No. 14E	Pool Name, including Formation Tapacito Gallup Assoc. Ext. Blanco, Mesaverde; Basin Dakota	Kind of Lease State, Federal or Fee	Federal Contract	Lease No. No 153
Location Unit Letter <u>G</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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"/> Gary Energy Corp	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489 Bloomfield NM 87413					
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) P.O. 26400 Albuquerque, NM 87125					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 35	Twp. 26N	Rge. 5W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: R 7507

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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.

Robert C. Frank  
(Signature)  
Regulatory and Environmental Analyst  
(Title)  
December 5, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 6 1984, 19  
BY Original Signed by FRANK T. CHAVEZ  
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.  
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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
			X	X					
Date Spudded 8/1/84	Date Compl. Ready to Prod. 8/14/84	Total Depth 7620'				P.B.T.D. 7570'			
Elevations (DF, FKB, RT, CR, etc.) 6678' GR; 6690' KB	Name of Producing Formation Dak/Greenhorn/Gallup/MV	Top Oil/Gas Pay 7286/7139/6391/4806				Tubing Depth 7484			
Perforations 7304-7286 (gross) DK;	7248-7139 (gross) Greenhorn 6880-6391 (gross) GAL				Depth Casing Shoe 7618				
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
<b>HOLE SIZE</b>	<b>CASING &amp; TUBING SIZE</b>		<b>DEPTH SET</b>			<b>SACKS CEMENT</b>			
12-1/4"	8-5/8" 24#		314' KB			325 c.f.			
7-7/8"	5-1/2" 15.5#		7618'			2965 c.f. (3 stages)			
	2 3/8		7484						

#### 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 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 4963/24hr.	Length of Test 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1507	Casing Pressure (Shut-in) 1507	Choke Size 3/4"