

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

RECEIVED  
DEC 06 1984  
OIL CON. DIV. /  
DIST. 3

I. Operator  
Union Texas Petroleum Corporation  
Address  
P.O. Box 1290, Farmington, NM  
Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recombination  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla G	Well No. 1E	Pool Name, including Formation BS Mesa Gallup- Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 150
Location Unit Letter <u>F</u> : <u>1656</u> Feet From The <u>North</u> Line and <u>1979</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>26N</u> Range <u>5W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" 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. Box 26400, Albuquerque, NM 87125					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 1	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- 7538

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 Resrv.	Diff. Resrv.
			X	X					
Date Spudded 8/20/84	Date Compl. Ready to Prod. 9/11/84	Total Depth 8450' KB				P.B.T.D. 8435' KB			
Elevations (DF, RKB, RT, CR, etc.) 7285' GR 7297' KB	Name of Producing Formation Dakota/Greenhorn/Gallup	Top Oil/Gas Pay 8244'/8106'/7412'				Tubing Depth 8332			
Perforations <del>See attachments</del> <i>GALLUP/Greenhorn 7412-8200 DAKOTA 8244-8415</i>						Depth Casing Shoe 8430			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
14-3/4"	10-3/4"	40.5#	539' KB		584 cf				
9-7/8" 0-5881	5-1/2"	17#	8430' KB		36.34 cf. (30 bags)				
7-7/8" 5881-TD	2 3/8		8332						

#### 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 <i>293 2341</i>	Length of Test 3 hours	Bbls. Condensate/MCF 0	Gravity of Condensate N.A.
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1729	Casing Pressure (Shut-in) 1729	Choke Size 3/4"