

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 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 18 1987
OIL CON. DIV.
DIST. 3

I. Operator
Union Texas Petroleum Corporation

Address
375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Dry Gas
☐ Casinghead 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 H	Well No. 12M	Pool Name, including Formation Wildhorse Gallup	Kind of Lease State, Federal or Fee	Lease N Fed Jic Con 10
Location Unit Letter I : 1695 Feet From The South Line and 990 Feet From The East				
Line of Section 17 Township 26N Range 4W, NMPM, Rio Arriba Coun				

III. 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) P. O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead 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) P. O. Box 1899, Bloomfield, NM 87413
Name of Gas Company of New Mexico	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit I Sec. 17 Twp. 26N Rge. 4W	No Approx. 4/15/87
If this production is commingled with that from any other lease or pool, give commingling order number: R-7508	

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)
Permit Coordinator

March 16, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED
Original Signed by FRANK T. CHASE
BY
SUPERVISOR DISTRICT 3

TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 10/26/86	Date Compl. Ready to Prod. 12/08/86	Total Depth 7850 KB				P.S.T.D. 7800 KB			
Elevations (DF, RKB, RT, CR, etc.) 6702 GL, 6714 KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 7063				Tubing Depth 7686			
Perforations 7063-7073 Gallup						Depth Casing Shoe 7839 liner			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	9-5/8		320		175 sxs (207 cu.ft.)				
8-1/2	7		3699		305 sxs (706 cu.ft.)				
6-1/4	4-1/2		3460-7839		550 sxs (864 cu.ft.)				
	2-3/8		7686						

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 1124 comb.	Length of Test 3 hrs	Bbls. Condensate/MCF 21.35 comb.	Gravity of Condensate 50
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-In) 626	Casing Pressure (Shut-In) 563	Choke Size 3/4

Production is commingled
Production Allocation as follows

	Gas	Oil
Mesaverde	43%	26%
Gallup	25%	50%
Dakota	32%	24%

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 18 1987
DIST. 3

I. Operator
Union Texas Petroleum Corporation

Address
375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla H	Well No. 12M	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No. Fed Jic Con 10
Location Unit Letter I, 1695 Feet From The South Line and 990 Feet From The East				
Line of Section 17 Township 26N Range 4W, NMPM, Rio Arriba Count				

III. 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)
Conoco, Inc. Surface Trans.	P. O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead 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 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit I, Sec. 17, Twp. 26N, Rge. 4W	No Approx. 4/15/87
	R-7508

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

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)
Permit Coordinator

March 16, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

Original Signed by FRANK C. FRANK

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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 10/26/86	Date Compl. Ready to Prod. 12/08/86	Total Depth 7850 KB			P.B.T.D. 7800 KB				
Elevations (DF, RKB, RT, CR, etc.) 6702 GL, 6714 KB	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 5002			Tubing Depth 7686				
Perforations 5002-5602 Mesaverde						Depth Casing Shoe 7839 liner			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	9-5/8		320		175 SXS (207 cu.ft.)				
8-1/2	7		3699		305 SXS (706 cu.ft.)				
6-1/4	4-1/2		3460-7839		550 SXS (864 cu.ft.)				
	2-3/8		7686						

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 1124 comb.	Length of Test 3 hrs	Bbls. Condensate/MCF 21.35 comb.	Gravity of Condensate 50
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-In) 626	Casing Pressure (Shut-In) 563	Choke Size 3/4

Production is commingled
Production Allocation as follows

	Gas	Oil
Mesaverde	43%	26%
Gallup	25%	50%
Dakota	32%	24%

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ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 18 1987
OIL CONSERVATION DIVISION

I. Operator
Union Texas Petroleum Corporation

Address
375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla H	Well No. 12M	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed Lic	Lease N Con 10
Location Unit Letter I : 1695 Feet From The South Line and 990 Feet From The East Line of Section 17 Township 26N Range 4W, NMPM, Rio Arriba Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco, Inc. Surface Trans.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, 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 1899, Bloomfield, NM 87413			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 17	Twp. 26N	Reg. 4W
Is gas actually connected?		When Approx. 4/15/87		

If this production is commingled with that from any other lease or pool, give commingling order number
R-7508

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
Permit Coordinator (Signature)
March 16 1987 (Date)

OIL CONSERVATION DIVISION
APPROVED
BY Original Signed by [Signature]
SUPERVISOR DISTRICT 23
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
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IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 10/26/86	Date Compl. Ready to Prod. 12/08/86			Total Depth 7850 KB			P.B.T.D. 7800 KB		
Elevations (DF, RKB, RT, CR, etc., 6702 GL, 6714 KB		Name of Producing Formation Dakota			Top Oil/Gas Pay 7650			Tubing Depth 7686	
Perforations 7650-7729 Dakota							Depth Casing Shoe 7839 liner		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
12-1/4		9-5/8			320		175 sxs (207 cu.ft.)		
8-1/2		7			3699		805 sxs (706 cu.ft.)		
6-1/4		4-1/2			3460-7839		550 sxs (864 cu.ft.)		
		2-3/8			7686				

V. 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 1124 comb.	Length of Test 3 hrs	Bbls. Condensate/MCF 21.35 comb.	Gravity of Condensate 50
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