NO. OF COPIES RECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSPORTER.	GAS		
OPERATOR			
PRORATION OF		L	
Operator			
Union Tex	as Pe	tro	le
4 1 1			

	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE	AUTHODIZATION TO TRA	AND NSPORT OIL AND NATURAL G	Δ\$			
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	AS			
	IRANSPORTER GAS		/ · /				
	OPERATOR						
1.	PRORATION OFFICE Operator			2 61			
	Union Texas Petroleur			0/5/2/902			
	1860 Lincoln Street,	Suite 1010, Denver, Col	orado 80295 Other (Please explain)	30/14			
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Change of Ownersh	in			
	New Well Recompletion	Oil Dry Ga		Company successor to			
	Change in Ownership X	Casinghead Gas Conden	sate Supron Energy Cor	poration			
				No. Marriag 971101			
	If change of ownership give name and address of previous ownerSt	upron Energy Corporation	, P. O. Box 808, Farming	ton, New Mexico 87401			
	TOTAL OF WAY AND I	EACE					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F		717.0			
	Navajo Indian "B"	1 S. Blanco Pic	tured Cliffs State, Federal	or Fee Indian I-149			
	Location		0.11.17	Most			
	Unit Letter M : 972	Feet From The South Lin	ne and 847 Feet From T	The West			
	Line of Section 30 Tow	mship 27N Range 8	w , ммрм, San Ju	an County			
	Line of Section 30 Tow	2711					
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approx	ed copy of this form is to be sent)			
	Gas Company of New M		1800 First International Building Dallas, Texas 75201				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe				
	give location of tanks.	1 1 1	Yes	12-19-57			
	If this production is commingled wit	h 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 Res'v. Diff. Res'v.			
	Designate Type of Completio	x = (X)					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	8-17-57	5-2-58  Name of Producing Formation	2124 Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.) 6077' DF	Pictured Cliffs	2000'	2046'			
	Perforations	110000000000000000000000000000000000000		Depth Casing Shoe			
	2000-2060'		·	2118'			
		·	D CEMENTING RECORD	SACKS CEMENT			
	12½"	CASING & TUBING SIZE	93	80			
	7-7/8"	5-370	2128	100			
	7-770	1"	2046	ļ			
		<u> </u>		i and the second top allows			
V	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 all able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)			
			B	Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure	0			
	Actual Prod. During Test	Oil - Bbls.	Water-Bbls.	Gas-MCF			
	Actual Ploa. Burning 100.						
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
71	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION  APPROVED 101 9 1982  Original Signed by CHARLES CYCLEON  BY 19 19 19 19 19 19 19 19 19 19 19 19 19				
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			Original Signed by	CHARLES CUSLISON			
			BY	WESTERIOR DIST #3			
			TITLE . DEPUTY OIL & GAS	INSPECTION, DIST. #"			
	(		This form is to be filed in	This form is to be filed in compliance with RULE 1104.			
			If this is a request for allo	If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation			
	Yice - President	nature)	tests taken on the Well in acco	INTERIOR WITH NOCE			
	YKE - President	ista i	All sections of this form my	Att sections of this form must be filled out completely for allow-			
	6/10/82 <sup>(T)</sup>	*****/		able on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of owner such change of condition			
	100	ate)	well name or number, or transporter, or other such change of condition				

Separate Forms C-104 must be filed for completed wells.

## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			•	_	Dillas, Tex	<b>8.6</b>	October 8	, 19
				·	(Place)		(Date)	
		•			R A WELL KNO			
	mpany or O		ery N	<b>Evajo Indi</b> (Lese)	Ma, Well No	<b>-B</b> , in	SM 1/4 SM	1/4
			, T. 27N		, NМРМ.,	. Blanco Pict	wred Cliffs	Pool
Unit Le				·	19 ca		8-30-5	7
			County. Da	te Spudded <b>9:</b> <b>6077</b>	Total De	Date Drilling Composite 2124	PBTD <b>2077</b>	
Pleas	e indicate	location:			Name of			
D	C B	A	PRODUCING IN					
			Perforations	2000-	2060			
E	F G	H			Depth Casing S	**************************************	Depth	
			. –		Casing s	noe		
L	K J	I	OIL WELL TES	<del></del>				Choke
	ŀ						hrs,min. S	
M	N O	P				•	of oil equal to volum Choke	2
	°	-	load oil use	ed):bl	ols,oil,b	bls water in	hrs,min. Size	
			GAS WELL TES	Toe	Small to			
<del></del>			_ Natural Prod			Hours flowed	Choke Size	
- •		enting Reco	rd Method of Te	sting (pitot, 1	pack pressure, etc.)	·		
Size	Feet	SAX	Test After A	Acid or Fracture	Treatment: 40	MCF/Da	y; Hours flowed	3
9-5/8	93.35	80	Choke Size_	3/4" Method	of Testing: Milti	Point Back P	ressure Test	
		-	Acid or Frac	ture Treatment	(Give amounts of ma	terials used, such	as acid, water, oil,	and
5-1/2	21.26	100	1		water & 100.0	_		
1"	2046		Casing 7	Tubing 7	Date first ne oil run to ta	W		
	<del>                                     </del>	<del> </del>	-					
			1	ter	thern Union G	a Commerce	<b>K</b> i	
marks.	•	_	·		Contract Con			
-111 <b>61 k</b> 3		••••••••••					OIL COR	
••••••••	••••••••	*********	***********					
I hereb	v certify th	nat the info			and complete to the		DIST. 3	أمخعت
					SOUTHERN	UNION GAS COM	PANY	
-p. 0 . 0	aprogra () j			,	Original S	Sign Company or Ope	rator)	
OI	L CONSE	RVATION	COMMISSIO	ON	By:L. S. MU	JENNINK		
Original Signed By		L. S. Macmnink Signature)						
·		-	••••••	******************	Title Explor	atima Enginee	rading well to:	
tle PET	ROLEUM	ENCORT	ER DIST NO	n 2		ommunications reg	arding wen to.	
*****************		<del></del>	بالإزاء ومنته ويتدام والمتاهدة	, y, , , , , , , , , , , , , , , , , ,	Name A. M.	Wiederkehr		
					Address 1001	Burt Bldg., I	blies, Texas	

O'L CONSERVAT	ON COMMIS	SICH			
AATEC DIST	PICT OFFICE	·			
Ab. Coures Rece	3 4				
5.83+4BC100					
Light :	/				
C ola vie					
Profesique Diserv	/				
Clare Land China.	i i izeraniana seletari i i i i i i i i i i i i i i i i i i				
J 8 3 3.	i de la composition della comp	:			
Transporter					
File					