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		MEXICO OIL CONSERVATION COMMISSION Form C-104			
SANTA FE	⊣ REQUEST	REQUEST FOR ALLOWABLE Supersedes Old C-104 and a			
FILE		AND	/	Effective 1-1-6	5
U.S.G.S.	_ AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL (GAS	
LAND OFFICE	_		_		
TRANSPORTER OIL	_			PERM	
GAS		,	/ /		
OPERATOR		/			
PRORATION OFFICE	7	. /		W. Markey	
Operator			- ~ / _	```	
Union Texas Petrole	um Corporation		\\\ \\ ⁽²)	De 190	
Address	in con porticion			(*) (2	
	Suite 1010 Denven Co	lamada 0000E	1 .		
	, Suite 1010, Denver, Co			J	
Reason(s) for filing (Check proper box		Other (Pleas	e explain)		
New Well	Change in Transporter of:	Charge	or owner	enip to	
Recompletion	Cil Dry G	as <u>Unicon</u>	Producing	s Company Succes	een to
Change in Ownership X	Casinghead Gas Conde	ensate Supron	Energy Co	orporation.	
If change of ownership give name and address of previous owner	Supron Energy Corporati	on, P. O. Box 8	08, Farmin	ngton, New Mexic	20 87401
•	LEACE				
I. DESCRIPTION OF WELL AND Legse Name	Well No. Pool Name, Including I	Formation	Kind of Lease	e #/a./	Lease No.
				- JY /7 V	_
Navajo Indian "B"	5 Basin Dakota	a	State, Federa	or Fee Ind. 10149	}-Ind.8468
Location	/				
Unit Letter L ; 15	520 Feet From The South Li	ne and 960	Feet From '	The West	
Line of Section 30 To	wnship 27N Range	8W , NMPA	ر, San Ju	ıan	County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
Name of Authorized Transporter of Oi	or Condensate XX		to which appro-	ved copy of this form is to	be sent)
Plateau, Inc.		P.O. Box 489	Bloomfie	1d. NM 87413	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X		P.O. Box 489, Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas				o, New Mexico 79	
	Unit Sec. Twp. P.ge.	Is gas actually connect			
If well produces oil or liquids, give location of tanks.		Yes	!	12-3-64	
· ·	ith that from any other lease or pool,		r number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Difl. Restv
Designate Type of Completi	on $-(\lambda)$	į	į	i i	i
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
5-24-64	6-15-64	6670 '		6642'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
6085' DF	Dakota	6378'	6393 t		
	1 Danota	1 0070			
Perforations				Depth Casing Shoe	
6378-6640'				6670	
	TUBING, CASING, AN	D CEMENTING RECO	≀ D		
HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEM	ENT
121"	8-5/8"	318		250	
7-7/8"	5111	6670 '		1650 cf	
1-110	1 ¹ / ₂ " 6393'			1000 01	
	1				
·	OD ATTOWARTS OF				
7. TEST DATA AND REQUEST F		after recovery of total vol: epth or be for full 24 hour		and must be equal to or ex	cceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor	<u> </u>	ft. etc.)	
Bate 1 Max New Cir Nam 10 1 and		111111111111111111111111111111111111111	·, pap, a,	,,,,	
				1-21-1-21	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF	
		1		~ _	
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size	
The state of the s			•		
I. CERTIFICATE OF COMPLIAN	CE	OIL		TION COMMISSION	i

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

 Vice - President	
 6/10/82 (Title)	

(Date)

NC

90123 138Z APPROVED

Original Signed by CHARLES GHOLSON

BY.

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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.