HO. OF COPIES RECEIVED			
DISTRIBUTION	150000000000000000000000000000000000000		
SANTA FE		L CONSERVATION COMMISSION	Form C-104
FILE	, REQUE	ST FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
U.S.G.S.	ALITHODIZATION TO T	AND	
LAND OFFICE	AUTHORIZATION TO I	RANSPORT OIL AND NATURAL	GAS
TRANSPORTER OIL GAS		. J	10 10 10 10 10 10 10 10 10 10 10 10 10 1
OPERATOR		go"	
PRORATION OFFICE			Sty CAN
Operator	<u> </u>		00 320
Union Texas Petro			001/2 00/2 / OU
1860 Lincoln Stre	et, Suite 1010, Denver, C	Colorado 80295	
New Well		Other (Please explain)	
Recompletion	Change in Transporter of:	Haisen Producing	
Change in Ownership X		Gas Cupus France	
			orporation
If change of ownership give name and address of previous owner.	ne Supron Energy Corporati	on, P.O. Box 808, Farming	gton, New Mexico 87401
DESCRIPTION OF WELL A	ND LEASE		
	Well No. Pool Name, Including		
Navajo Indian "B'	' 3 South Blan	nco Pictured Cliffsace, Feder	ral or Fee Indian 8468
_	190 Couth	4450	
Unit Letter :	180 Feet From The South	Line and Feet From	The
Line of Section 19	Township 27N Range	8W , NMPM, San Ju	an County
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL (946	
Name of Authorized Transporter of	Oil or Condensate	GAS Address (Give address to which appr	and care of this familia to the
		indices force address to which appr	over copy of indictorman to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dxy Gas X,	Address (Give address to which appr	and copy of this form in to be const
Southern Union Ga		Address (Give address to which approximation	aal Building
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Darras, in July	nen
give location of tanks.		Yes	6-12-59
If this production is commingled	with that from any other lease or poo	1	
COMPLETION DATA	with that from any other lease or poo	or, give comminging order number:	
Designate Type of Compl	etion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Date Spudded	, ^ , ^		1
1	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-31-59 Elevations (DF, RKB, RT, GR, etc.)	4-20-59	4550'	
6018 t		Top Oil/Gas Pay	Tubing Depth
Perforations	Pictured Cliffs	2016'	2017'
2016-2148'			Depth Casing Shoe
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
121''	10-3/4"	134'	150
9-5/8"	7-5/8"	2354'	200
	5½"	4550'	273
	1"	2017	
TEST DATA AND REQUEST	——————————————————————————————————————		
OIL WELL	FOR ALLOWABLE (Test must be able for this	2017 after recovery of total volume of load oil depth or be for full 24 hours)	
	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow
OIL WELL	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load oil depth or be for full 24 hours)	and must be equal to or exceed top allow
OII. WELL Date First New Oil Run To Tanks Length of Test	FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow ft, etc.) Choke Size
OII. WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow
OII. WELL Date First New Oil Run To Tanks Length of Test	FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow ft, etc.) Choke Size Gas-MCF
OII. WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow ft, etc.) Choke Size
OII. WELL Date First New Oil Run To Tanks Length of Test	FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water-Bbls.	and must be equal to or exceed top allow ft, etc.) Choke Size Gas-MCF
OII. WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure Oil-Bbis.	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow ft, etc.) Choke Size Gas-MCF
OH, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL	FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure Oil-Bbis.	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water-Bbls. Bbls. Condensate/MMCF	and must be equal to or exceed top allow (ft, etc.) Choke Size Gas-MCF Gravity of Condensate
OIL WELL Date First New Oil Run To Tanks Length of Test Actual Pred. During Test GAS WELL Actual Pred. Test-MCF/D	FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure Oil-Bbls. Length of Test	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water-Bbls.	and must be equal to or exceed top allow ft, etc.) Choke Size Gas-MCF
Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in)	after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas li Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	and must be equal to or exceed top allow ft, etc.) Choke Size Gas-MCF Gravity of Condensate

VI.

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

	(Signature)	
	Vice - President	
	6/10/82	
- -	(Date)	

APPROVE JUL 2 3 1982
Original Signed by CLARLES CHOLSON

TITLE DEPUTY ON & GAS INSPECTOR, DIST. #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.