1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE Coperator Union Texas Petroleu Address 1860 Lincoln Street, Reason(s) for filing (Check proper box, New We!! Recompletion Change in Ownership X	m Corporation Suite 1010, Denver, Col	Other (Please explain) Change of Owners Unicon Producing	Ohip to Company successor to	
If change of ownership give name and address of previous owner Supron Energy Corporation, P. O. Box 808, Farmington, New Mexic II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease					
	Navajo Indian "B" Location Unit Letter D , 990	2 S. Blanco Pict	tured Cliffs State, Feder	1110 1-145	
ш.	Line of Section 19 Town DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	-	
	Name of Authorized Transporter of Cas Gas Company of New M If well produces oil or liquids,		Address (Give address to which approach 1800 First Internation Dallas, Texas 75201	oved copy of this form is to be sent) al Building	
IV.	give location of tanks. If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		5-12-59	
	Designate Type of Completio	Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	Plug Back Same Res'v. Diff. Res'v.	
	Elevations (DF, RKB, RT, GR, etc.) 6026 DF Perforations	3-4-59 Name of Producing Formation Pictured Cliffs	2143' Top Oil/Gas Pay 2030	Tubing Depth 2111 Depth Casing Shoe	
	2030-2110'				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12½"	8-5/8"	106	100	
	7-7/8"	5½" 1"	2143	100	
			2111		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exc				and must be equal to or exceed top allow-	
	1711, W.C.1813		pth or be for full 24 hours) Producing Method (Flow, pump, gas l	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	
	CAC WELL				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APPROVED		
	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 GHOLSON		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		TITLE . DEPUTY OIL & GAS INSPECTOR, DIST. #3-		
	(Signature) Vice - President		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.		
	(L _C (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	6/10/82 (Da		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.		