I.	HO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	EW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND ZATION TO TRANSPORT OIL AND NATURAL SAS				
	Union Texas Petroleum Corporation						
	1860 Lincoln Street, Suite 1010, Denver, Colorado 80295						
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership X		Other (Please Ohange Unicon	explain) of Owners Producing Energy Co		occr-to	
	If change of ownership give name and address of previous owner	Supron Energy Corporation	on, P. O. Box 80	3, Farmin	ngton, New Mexi	co 87401	
11.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including F		Kind of Lease			
	Navajo India n "B" 6 Basin Dakot				I-149-IND orfee Federal	Lease No. 8468	
	Unit Letter N ; 790 Feet From The South Line and 1850 Feet From The West						
				San Juar		County	
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil						
	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Post Office Box 108, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas Co.		Post Office Box 1492, El Paso, TX 79978				
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. N 19 27N 8W Yes 9-23-66						
	If this production is commingled wi	th that from any other lease or pool,		number:			
IV.	Designate Type of Completi	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Res'v	
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.	· 	
	5-21-66 Elevations (DF, RKB, RT, GR, etc.)	6-15-66	6730		6695		
	6031 GL	Name of Producing Formation Dakota	Top O:1/Gas Pay 6390		Tubing Depth 6520		
	Perforations 6390-6610			Depth Casing Shoe 6730			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
	7-7/8"	4211	6730		1900 cf (2	stages)	
		1½"	6520		i		
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 allow able 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	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size		
	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		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.		BY Original Signed by CHARLES CHOLSON				
	Union Texas Petroleum Corporation		TITLE DEPUTY OF 2 GAS INSPECTOR, DIST. #3				
			This form is to be filed in compliance with RULE 1104.				
.,	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.					

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 multipl completed wells.

6/10/82

(Title)

(Date)