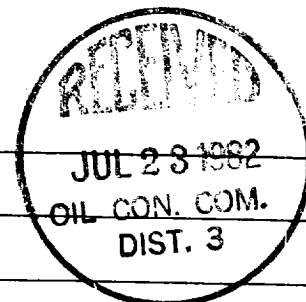


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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C.
Effective 1-1-65



I. Operator
Union Texas Petroleum Corporation
Address
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
~~Change of Ownership to~~
~~Unicon Producing Company Successor to~~
~~Supron Energy Corporation~~
If change of ownership give name and address of previous owner
Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name RICHARDSON	Well No. 4	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FED SF	Lease No. 077972
Location Unit Letter I ; 1850 Feet From The SOUTH Line and 790 Feet From The EAST Line of Section 3 Township 27 NORTH Range 13 WEST , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Post Office Box 108, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Post Office Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit I Sec. 3 Twp. 27N Rge. 13W	Is gas actually connected? YES When 04/04/67

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 11/14/66	Date Compl. Ready to Prod. 12/22/66	Total Depth 6280	P.B.T.D. 6262					
Elevations (DF, RKB, RT, GR, etc.) 6034 RKB	Name of Producing Formation DAKOTA	Top Oil/Gas Pay 6116	Tubing Depth 6186					
Perforations 6116-6236	Depth Casing Shoe 6291							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	328	250 SX					
7-7/8"	4-1/2"	6291	1st stage cemented w/500 cu ft					
stage collar set @ 4426 ft.	cemented w/750 cu ft.	stage collar set @ 2027 ft	w/900 cu ft					
ft	1-1/2" EUE	6186						

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 allowable 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

VI. CERTIFICATE OF COMPLIANCE

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

(Title)
6/10/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED
Original Signed by CHARLES GHOLSON, 19
BY

TITLE DEPUTY OIL & 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.