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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-110
Effective 1-1-65

3048/10
YMA
3/19/84

Operator Union Texas Petroleum Corporation		
Address P. O. Box 1290, Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	This well began producing into UTP pipeline on 12/22/83 for testing.
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 16	Well No. 2	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee State	Lease No. E-5882
Location Unit Letter <u>G</u> ; <u>1717</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>28 North</u> Range <u>9 West</u> , NMPM, <u>San Juan</u> 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) P. O. Box 489, Bloomfield, N.M. 87413	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1290, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>16</u> Twp. <u>28N</u> Rge. <u>9 W</u>	Is gas actually connected? yes	When 12/21/83

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/26/83	Date Compl. Ready to Prod. 9/4/83		Total Depth 7040		P.B.T.D. 7000			
Elevations (DF, RKB, RT, GR, etc.) 6423' R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 6178		Tubing Depth 6663			
Perforations 6178 - 6980					Depth Casing Shoe 7010			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8", 36.0#, K-55		316		354 cu. ft.			
8-3/4"	7", 23.0#, K-55		5950		2758 cu. ft. (2 stages)			
6-1/4"	4-1/2", 11.6#, K-55		5693 - 7010		256 cu. ft.			
	2-3/8", 4.70#, J-55		6663					

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 12/22/83	Date of Test 12/31/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 233	Casing Pressure 233	Choke Size 7/8"
Actual Prod. During Test 38 bbl.	Oil - Bbls. 38	Water - Bbls. 2	Gas - MCF 554

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.

Barbara Norman
Barbara Norman (Signature)

Production Technician
(Title)

1/10/84
(Date)

1-30-84 OIL CONSERVATION COMMISSION
JAN 30 1984
APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE _____

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.