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TRANSPORTER	OIL	
	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

36991N  
4-17-84  
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JAN 2 1984

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"/>	This well began producing into UTP pipeline on 12/22/83 for testing.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <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. 4	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee State	Lease No. B11017
Location Unit Letter 0 ; 946 Feet From The South Line and 1840 Feet From The East Line of Section 16 Township 28 North Range 9 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) P. O. Box 489, Bloomfield, New Mex. 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, New Mex. 87499	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16
	Twp. 28N	Rge. 9W
	Is gas actually connected? yes	When 12/21/83

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 <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 9/8/83	Date Compl. Ready to Prod. 9/30/83		Total Depth 6965		P.B.T.D. 6917			
Elevations (DF, RKB, RT, GR, etc.) 6316' R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 6039		Tubing Depth 6489			
Perforations 6039 - 6892					Depth Casing Shoe 6960			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8", 36.0#, K-55		321		354 cu. ft.			
8-3/4"	7", 23.0#, K-55		4080		1523 cu. ft. (2 stages)			
6-1/4"	4-1/2", 11.6#, K-55		3872 - 6960		542 cu. ft.			
	2-3/8", 4.70#, J-55		6489					

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 219	Casing Pressure 219	Choke Size 5/8"
Actual Prod. During Test 2 bbls.	Oil - Bbls. 2	Water - Bbls. 10	Gas - MCF 67

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)

OIL CONSERVATION COMMISSION	
1-3084 APPROVED	JAN 30 1984
BY	Original Signed by FRANK T. CHAVEZ
TITLE	SUPERVISOR DISTRICT # 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.	