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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

## 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

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JUL 09 1984

OIL CON. DIV.

DIST. 9

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:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Kd E-4959-1	
Kd B-11017-35	
Kd E-2131-3	
Kd E-588-2	
Kd E-6635-1	

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com	Well No. 1-F	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No. State Gal B-11017-39
Location Unit Letter 0 ; 1062 Feet From The South Line and 1665 Feet From The East Line of Section 16 Township 28N Range 9W , NMPM, San Juan County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Inc.	P. O. Box 489, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16	Twp. 28N	Rge. 9W	Is gas actually connected? No	When -----

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 12/12/83	Date Compl. Ready to Prod. 2/3/84		Total Depth 7225		P.B.T.D. 7172			
Elevations (DF, RKB, RT, GR, etc.) 6312 R.K.B.	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4435		Tubing Depth 5083			
Perforations 4435 - 5104 (39 holes)					Depth Casing Shoe 7224			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8", 48.00#		329		413 cu. ft.			
12-1/4"	9-5/8", 40.00#		4160		1892 cu. ft.			
8-1/2"	7", 23.00#		3330 - 6539		765 cu. ft.			
6-1/4"	4-1/2", 11.60#		6417 - 7224		387 cu. ft.			

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 2662	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 974	Casing Pressure (Shut-in) 978	Choke Size 3/4"

## 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.Kenneth E. Roddy  
(Signature)Kenneth E. Roddy  
Area Production Superintendent  
(Title)7/5/84  
(Date)

## OIL CONSERVATION COMMISSION

JUL 09 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

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 allow-  
able 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.