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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

30251K

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Union Texas Petroleum Corporation - Attn: Paula Priest Well API No.

Address P.O. Box 2102, Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Richardson	Well No. 6	Pool Name, including Formation Gallup, WC	Kind of Lease Fed State, Federal or Fee	Lease No. SF 077972
Location Unit Letter N : 1190 Feet From The North South Line and 2400 Feet From The West Line Section 10 Township 27N Range 13W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Giant Refining Co. <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499 (505)632-3330
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit N Sec. 10 Twp. 27N Rge. 13W Is gas actually connected? 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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 04/20/89 9-13-84	Date Compl. Ready to Prod. 05/02/89	Total Depth 6356	P.B.T.D. 5708					
Elevations (DF, RKB, RT, GR, etc.) 6045 GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 5210	Tubing Depth 5565					
Perforations 5210-5542'	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	323	
7-7/8	4-1/2	6355	
	2-3/8	5565	

RECEIVED
MAY 26 1989

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 category or 24 hours.)

Date First New Oil Run To Tank 05/02/89	Date of Test 05/24/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	CHOKING DIV. DIST. 3
Length of Test	Tubing Pressure 50 psi	Casing Pressure 110 psi	Choke Size 3/4"
Actual Prod. During Test 10	Oil - Bbls. 10	Water - Bbls. 0	Gas - MCF 0

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Paula Priest 713/ 968-4006
Printed Name Paula Priest Title Regulatory Analyst 05/24/89
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 26 1989
By ORIGINAL SIGNED BY ERNIE BUSCH
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.