

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Union Texas Petroleum Corporation
Address
P. O. Box 1290, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

MAR 22 1985

OIL CON. DIV.
DIST. 3.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Richardson</u>	Well No. <u>5-E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>077972</u>
Location Unit Letter <u>P</u> : <u>845</u> Feet From The <u>South</u> Line and <u>987</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> 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"/> <u>Gary Energy Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 489, Bloomfield, N.M. 87413</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4990, Farmington, N.M. 87499</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>10</u> Twp. <u>27N</u> Rge. <u>13W</u>	Is gas actually connected? <u>No</u> When <u>NA</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

IV. 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 is true and complete to the best of my knowledge and belief.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)

3/19/85
(Date)

OIL CONSERVATION DIVISION

3-26-85
APPROVED MAR 26 1985, 19

BY Original Signed by FRANK J. 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Duff. Resv.
			XX	XX					
Date Spudded 12/20/84	Date Compl. Ready to Prod. 2/4/85	Total Depth 6280		P.B.T.D. 6236					
Elevations (DF, RKB, RT, CR, etc.) 6002 R.K.B.	Name of Producing Formation Dakota	Top Oil/Gas Pay 6005		Tubing Depth 6059					
Perforations 6005 - 6107						Depth Casing Shoe 6274			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8", 24.00#		324		265 cu. ft.				
7-7/8"	4-1/2", 10.50#		6274		3716 cu. ft. (2 stages)				
	2-3/8", E.U.E. 4.70#		6059						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1149	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Start-In) 2060	Casing Pressure (Start-In) 2065	Choke Size 3/4"