

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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OPERATOR		
PRODUCTION OFFICE		

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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)

<input checked="" type="checkbox"/> New Well	<u>Change in Transporter of:</u>	<u>Other (Please Specify)</u>
<input type="checkbox"/> 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

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FEB 19 1985  
OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

<u>Lease Name</u> Richardson	<u>Well No.</u> 2-E	<u>Pool Name, including Formation</u> Basin Dakota	<u>Kind of Lease</u> State, Federal or Fee Fed. SF	<u>Lease No.</u> 077972
<u>Location</u>				
Unit Letter <u>K</u> : <u>1520</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>West</u>				
Line of Section <u>11</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<u>Name of Authorized Transporter of Oil</u> <input type="checkbox"/> or <u>Condensate</u> <input checked="" type="checkbox"/>	<u>Address (Give address to which approved copy of this form is to be sent)</u>
Gary Energy Corporation	P. O. Box 489, Bloomfield, N.M. 87413
<u>Name of Authorized Transporter of Casinghead Gas</u> <input type="checkbox"/> or <u>Dry Gas</u> <input checked="" type="checkbox"/>	<u>Address (Give address to which approved copy of this form is to be sent)</u>
El Paso Natural Gas Company	P. O. Box 4990, Farmington, N.M. 87499
<u>If well produces oil or liquids, give location of tanks.</u>	<u>Is gas actually connected?</u> <u>When</u>
Unit <u>K</u> Sec. <u>11</u> Twp. <u>27N</u> Rge. <u>13W</u>	No

If 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.

VI. 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)  
2/15/85  
(Date)

OIL CONSERVATION DIVISION  
2-27-85  
FEB 27 1985  
APPROVED \_\_\_\_\_  
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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
			X X	XX					
Date Spudded 12/31/84	Date Compl. Ready to Prod. 1/29/85	Total Depth 6220				P.B.T.D. 6172			
Elevations (DF, RKB, RT, CR, etc.) 5921 R.K.B.	Name of Producing Formation Dakota	Top Oil/Gas Prg 5931				Tubing Depth 6029			
Perforations 5931 - 6051					Depth Casing Shoe 6220				

  

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00	334	225 sacks
7-7/8"	4-1/2", 11.60 & 10.50	6220	3624 cu. ft. (2 stages)
	2-3/8", E.U.E., 4.70#	6029	

#### 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 2711	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Start-In) 1530	Casing Pressure (Start-In) 1565	Choke Size 3/4"