

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

CO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104  
Revised 10-01-79  
Formal 06-01-83  
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.]  
DIST. 3

I. Operator Union Texas Petroleum Corporation	
Address 375 US Highway 64, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com	Well No. 1A	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	State	Lease No. E-6635
Location Unit Letter <u>A</u> : <u>1028</u> Feet From The <u>North</u> Line and <u>1120</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>28N</u> Range <u>9W</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"/> Conoco, Inc. Surface Trans.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Union Texas Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) 375 US Highway 64, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 16	Twp. 28N	Rge. 9W	Is gas actually connected? Yes	When 11/20/86

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.

Robert L. Frank  
(Signature)  
Permit Coordinator  
12/17/86  
(Date)

OIL CONSERVATION DIVISION

DEC 19 1986

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_ Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT #3  
TITLE \_\_\_\_\_

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 deviatric 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 multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 8/22/86	Date Compl. Ready to Prod. 10/14/86		Total Depth 7550			P.B.T.D. 7482			
Elevations (DF, RKB, RT, GR, etc.), 6587 GL, 6599 KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7292			Tubing Depth 7432			
Perforations 7292 - 7462 gross						Depth Casing Shoe Liner 7504			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4	10-3/4	320	290 (342 cu. ft.)
9-7/8	7-5/8	3250	430 (1065 cu. ft.)
6-3/4	5-1/2	3045-7504	465 (746 cu. ft.)
	1 3/8	7452	

#### 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 1249	Length of Test 3 hrs	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 1040	Casing Pressure (Shut-in) Packer	Choke Size 3/4