NO. OF COPIES RECEIVED		/)					
DISTRIBUTION		<i>,</i> , ,					
SANTA FE	NEW MEXICO O	DIL CONSERVATION COMMISSION	104				
FILE	REQUI	REQUEST FOR ALLOWABLE					
U.S.G.S.	AUTHORIZATION TO	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
LAND OFFICE		THE AND NATUR	CAY GAS JU				
TRANSPORTER OIL GAS							
OPERATOR							
PRORATION OFFICE	+-1						
Operator							
Union Texas Peti	roleum Corporation		The same of the sa				
Address							
Reason(s) for filing (Check pro	reet, Suite 1010, Denver,	Colorado 80295					
New Well	Change in Transporter of:	Other (Please explain					
Recompletion	- · · · · · · · · · · · · · · · · · · ·	Change of Ownership to Dry Gas Union Producing Company succession to					
Change in Ownership X		ondensate Supron Energ					
If change of amount in			-				
and address of previous owne	ame Supron Energy Corporat	ion, P. O. Box 808, Far	mington. New Mexico 87401				
			8 10 10 10 10 10 10 10 10 10 10 10 10 10				
II. DESCRIPTION OF WELL	Well No. Pool Name, Includin						
Angel Peak	1 1		Lease No.				
Location			ederal or Fee Fed SF 047039C				
Unit Letter M	Feet From The South	790	West				
	1 cot 1 foil 1 fre	Line and Feet F	rom The				
Line of Section 7	Township 28N Range	10W , NMPM, Sa	an Juan				
III DESIGNATION OF THE COLUMN			County				
Name of Authorized Transporter	PORTER OF OIL AND NATURAL of Oil or Condensate						
	or condensate	Address (Give address to which a	pproved copy of this form is to be sent)				
'Name of Authorized Transporter	of Casinghead Gas or Dry Gas X	Address (Give address to which a	pproved copy of this form is to be sent)				
Southern Union G		first international	Building				
If well produces oil or liquids,	Unit Sec. Two 28N Page 101	Dallas, Texas 75201 Is gas actually connected?	When				
give location of tanks.	, FI / ZON TO	W Yes	8/8/80				
If this production is commingle	ed with that from any other lease or poo	ol, give commingling order number:	1				
V. COMPLETION DATA	Off Wall I Committee						
Designate Type of Comp	$\begin{array}{c c} \text{Oil Well} & \text{Gas Well} \\ \hline X & X \end{array}$	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Date Spudded 2/21/80	Date Compl. Ready to Prod. 5/15/80	Total Depth					
	}	3122	P.B.T.D. 3080				
Elevations (DF, RKB, RT, GR, et 5763 RKB	Name of Producing Formation Chacra	Top Oil/Gas Pay	Tubing Depth				
Perforations	Unacia	2875	Tubing Depth 2960				
2875-2988			Depth Casing Shoe 3122				
	TURING CASING AL	ND CEUPITING DECE	3122				
HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD DEPTH SET					
9 7/8"	7 5/8", 26.40#	202	SACKS CEMENT				
6 3/4"	4 1/2", 9.50#	3122	325				
			323				
TEST DATE AND DESCRIPTION		i _					
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load (depth or be for full 24 hours)	oil and must be equal to or exceed top allow-				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)				
			1,7,1				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	O() Divis						
	Oil-Bbls.	Water-Bbls.	Gua - MCF				
<u> </u>							
GAS WELL			~~				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
Tooling							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
CERTIFICATE OF COURT	ANGE	 					
. CERTIFICATE OF COMPLIA	INCE	OIL CONSER	ATION COMMISSION				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED 3 1982					
				Union Texas Petroleum Corporation		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3	
				· · · · · ·			
		If this is a request for all	r compliance with RULE 1104.				
Vice - President		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					
(Title)		tests taken on the well in accordance with RULE 111.					
6/10/82		All sections of this form must be filled out completely for allowable on new and recompleted wells.					
(Date)		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.					
			est be filed for each pool in multiply				
		in an artiful matter	at he must lot each poor in multiply				