NO. OF COPIES RECEIVED		21000	BBLS 3075 T. Form C-104 13,198
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form Call 3 198
SANTA FE		FOR ALLOWABLE	ambersedes Ofa C-104 and C-1
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	1		e san in Basin 🏥
TRANSPORTER OIL	-		*
OPERATOR GAS	4	EEB 1	8 1983
PROFICTION OFFICE			A 1 5 5 6 6
Operator		U 1	N. DI∀
Union Texas Petr	roleum Corporation	DIST	ī. 3
P. O. Box 808, F Reason(s) for filing (Check proper box)		87499 Other (Please explain)	
New Well	Change in Transporter of:		for a temporary test
Recompletion	Cil Dry G		11 produce the gas into
Change in Ownership	Casinghead Gas Conde	فيان منفات منفس مطلا 💳	
			<u> </u>
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F		Federal Lease No.
Zachry	37 Armenta Gall	up Ext. State, Fede	ral or Fee SF 080724-A
Location			
Unit Letter I ; 172	5 Feet From The South Lin	ne and 475 Feet From	n The <u>East</u>
11			
4.1	5 Feet From The South Lin		The East Juan County
Line of Section 11 Tow	vnship 28N Range	10W , NMPM. San	Juan County
11	vnship 28N Range	10W , NMPM. San	
Line of Section 11 Town DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc.	Vinship 28N Range FER OF OIL AND NATURAL GA Or Condensate	10W , NMPM. San AS Address (Give address to which app	Juan County
Line of Section 11 Town DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	Vinship 28N Range FER OF OIL AND NATURAL GA Or Condensate	10W , NMPM. San AS Address (Give address to which app	Juan County
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas	TER OF OIL AND NATURAL GA Singhead Gas X or Dry Gas Toleum Corporation	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent)
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas	rer of oil and natural Garage TER OF OIL AND NATURAL GARAGE Singhead Gas X or Dry Gas oleum Corporation Junit Sec. Twp. Rge.	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent)
Line of Section 11 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oli Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr	TER OF OIL AND NATURAL GA Singhead Gas X or Dry Gas Toleum Corporation	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499
Line of Section 11 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids,	reaction TER OF OIL AND NATURAL GA Singhead Gas X or Dry Gas Toleum Corporation Unit Sec. Twp. Rge. I 11 28N 10W	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) yton, N.M. 87499 When
Line of Section 11 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks.	reaction 28N Range Range	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number:	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 When 2/8/83
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA	FER OF OIL AND NATURAL GAS Transport of Condensate Coleum Corporation Unit Sec. Twp. Rege. I 11 28N 10W The that from any other lease or pool,	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number:	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 When 2/8/83
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, qive location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completion	FER OF OIL AND NATURAL GASTINGHEAD GASTAN OF CONDENSATE TO DEUM COrporation Unit Sec. Twp. Rege. I 11 28N 10W The that from any other lease or pool, OIL Well Gas Well ON — (X) XX	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) yton, N.M. 87499 When 2/8/83
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, qive location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio	FER OF OIL AND NATURAL GARANGE OF CONDENSATE OF CONTROL	Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) ston, N.M. 87499 When 2/8/83 Plug Back: Same Resty. Diff. Resty
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completion Date Spudded 11/23/82	FER OF OIL AND NATURAL GARAGE Singhead Gas X or Dry Gas Oleum Corporation Unit Sec. Twp. Rge. I 11 28N 10W The that from any other lease or pool, OIL Well Gas Well OIL Well Gas Well OIL Well Gas Well AND Date Compl. Ready to Prod. 1/7/83	As Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth 6045	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 When 2/8/83 Plug Back: Same Resty. Diff. Resty P.B.T.D. 6003
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded 11/23/82 Elevations (DF, RKB, RT, GR, etc.)	rer of oil AND NATURAL GA Finghead Gas X or Dry Gas Foleum Corporation Unit Sec. Twp. Rge. I 11 28N 10W The that from any other lease or pool, Oil Well Gas Well On - (X) XX Date Compl. Ready to Prod. 1/7/83 Name of Producing Formation	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth 6045 Top Off/Gas Pay	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 When 2/8/83 Plug Back: Same Restv. Diff. Restv. P.B.T.D. 6003 Tubing Depth
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded 11/23/82 Elevations (DF, RKB, RT, GR, etc.) 5747 R.K.B.	FER OF OIL AND NATURAL GARAGE Singhead Gas X or Dry Gas Oleum Corporation Unit Sec. Twp. Rge. I 11 28N 10W The that from any other lease or pool, OIL Well Gas Well OIL Well Gas Well OIL Well Gas Well AND Date Compl. Ready to Prod. 1/7/83	As Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth 6045	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 When 2/8/83 Plug Back: Same Res'v. Diff. Res'v P.B.T.D. 6003 Tubing Depth 5864
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded 11/23/82 Elevations (DF, RKB, RT, GR, etc.) 5747 R.K.B. Perforations	rer of OIL AND NATURAL GASINGhead Gas X or Dry Gas or Oleum Corporation Unit Sec. Twp. Rge. I 11 28N 10W The that from any other lease or pool, OIL Well Gas Well AXX Date Compl. Ready to Prod. 1/7/83 Name of Producing Formation Gallup	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth 6045 Top Off/Gas Pay	roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 Then 2/8/83 Plug Back: Same Res'v. Diff. Res'v P.B.T.D. 6003 Tubing Depth 5864 Depth Casing Shoe
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded 11/23/82 Elevations (DF, RKB, RT, GR, etc.) 5747 R.K.B. Perforations	FER OF OIL AND NATURAL GA Singhead Gas X or Dry Gas Coleum Corporation Unit Sec. Twp. Rge. I 11 28N 10W The that from any other lease or pool, OIL Well Gas Well On - (X) XX Date Compl. Ready to Prod. 1/7/83 Name of Producing Formation Gallup of 78 holes)	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth 6045 Top Off/Gas Pay 5434	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 When 2/8/83 Plug Back: Same Res'v. Diff. Res'v P.B.T.D. 6003 Tubing Depth 5864
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded 11/23/82 Elevations (DF, RKB, RT, GR, etc.) 5747 R.K.B. Perforations 5434 - 5966 (Total o	TER OF OIL AND NATURAL GASING, AND TUBING, CASING, AND STATEMENT OF THE PROPERTY OF THE PROPER	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth 6045 Top Otl/Gas Pay 5434 D CEMENTING RECORD	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 Then 2/8/83 Plug Back: Same Restv. Diff. Restv P.B.T.D. 6003 Tubing Depth 5864 Depth Casing Shoe 6045
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded 11/23/82 Elevations (DF, RKB, RT, GR, etc.) 5747 R.K.B. Perforations 5434 - 5966 (Total o	TER OF OIL AND NATURAL GASING AND CASING & TUBING, CASING, AND CER OF OIL AND NATURAL GASING, AND CASING AND NATURAL GASING & TUBING SIZE	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth 6045 Top Otl/Gas Pay 5434 D CEMENTING RECORD DEPTH SET	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 When 2/8/83 Plug Back: Same Res'v. Diff. Res'v P.B.T.D. 6003 Tubing Depth 5864 Depth Casing Shoe 6045 SACKS CEMENT
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded 11/23/82 Elevations (DF, RKB, RT, GR, etc.) 5747 R.K.B. Perforations 5434 - 5966 (Total o HOLE SIZE 14-3/4"	TER OF OIL AND NATURAL GASING & TUBING, CASING, AND CASING, AND CASING, AND CASING, AND CASING, AND CASING & TUBING SIZE 10-3/4", 40.50#	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth 6045 Top Oil/Gas Pay 5434 D CEMENTING RECORD DEPTH SET 307	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 When 2/8/83 Plug Back: Same Res'v. Diff. Res'v P.B.T.D. 6003 Tubing Depth 5864 Depth Casing Shoe 6045 SACKS CEMENT 504 CU. ft.
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded 11/23/82 Elevations (DF, RKB, RT, GR, etc.) 5747 R.K.B. Perforations 5434 - 5966 (Total o HOLE SIZE 14-3/4" 9-7/8"	TER OF OIL AND NATURAL GASING & TUBING, CASING & TUBING SIZE 10-3/4", 40.50# 7ER OF OIL AND NATURAL GASING & TUBING SIZE 10-3/4", 40.50# 7-5/8", 26.40#	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth 6045 Top Otl/Gas Pay 5434 D CEMENTING RECORD DEPTH SET 307 5386	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 Then 2/8/83 Plug Back: Same Res'v. Diff. Res'v P.B.T.D. 6003 Tubing Depth 5864 Depth Casing Shoe 6045 SACKS CEMENT 504 CU. ft.
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Union Texas Petr If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded 11/23/82 Elevations (DF, RKB, RT, GR, etc.) 5747 R.K.B. Perforations 5434 - 5966 (Total o HOLE SIZE 14-3/4"	TER OF OIL AND NATURAL GASING & TUBING, CASING, AND CASING, AND CASING, AND CASING, AND CASING, AND CASING & TUBING SIZE 10-3/4", 40.50#	AS Address (Give address to which app P.O. Box 489, Bloomfi Address (Give address to which app P.O. Box 808, Farming Is gas actually connected? Yes give commingling order number: New Well Workover Deepen XX Total Depth 6045 Top Oil/Gas Pay 5434 D CEMENTING RECORD DEPTH SET 307	Juan County roved copy of this form is to be sent) eld, N.M. 87413 roved copy of this form is to be sent) gton, N.M. 87499 Then 2/8/83 Plug Back: Same Res'v. Diff. Res'v P.B.T.D. 6003 Tubing Depth 5864 Depth Casing Shoe 6045 SACKS CEMENT 504 Cu. ft. 3063 Cu. ft. (2 stages)

OII. WELL

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 Length of Test Bbis. Condensate/MMCF Gravity of Condensate

Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Kenneth E. Kolles	
KENNETH E. RODDY (Signature) Area Production Superintendent	_
(Title)	

February 16, 1983

(Date)

OIL CONSERVATION COMMISSION FEB 1 8 1983

E ____SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable 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.