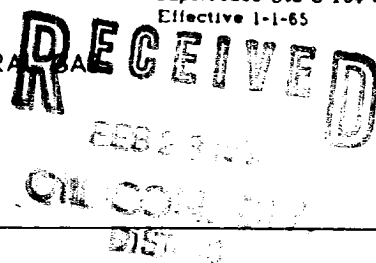


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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



Operator Union Texas Petroleum Corporation		
Address P. O. Box 808, Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	This well began producing into Union Texas Petroleum Corporation's pipeline on 2-16-83.
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 <input type="checkbox"/>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Zachry	Well No. 41	Pool Name, including Formation Armenta Gallup Ext.	Kind of Lease Federal State, Federal or Fee SF-080724 - A	Lease No. - A
Location Unit Letter <u>O</u> : <u>552</u> Feet From The <u>South</u> Line and <u>1945</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>28 North</u> Range <u>10 West</u> , NMPM, <u>San Juan</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Union Texas Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 808, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 12	Twp. 28N	Rge. 10W	Is gas actually connected? Yes	When 2-14-83

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas well	New Well XX	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 11/30/82	Date Compl. Ready to Prod. 1/21/83		Total Depth 5991		P.B.T.D. 5950			
Elevations (DF, RKB, RT, GR, etc.) 5506 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5404		Tubing Depth 5838			
Perforations 5404 - 5948 (Total of 76 holes)					Depth Casing Shoe 5991			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
22"	16", 55.00#	160	413 cu. ft.
14-3/4"	10-3/4", 40.50#	1379	2124 cu. ft.
9-7/8"	7-5/8", 26.40#	5338	3330 cu. ft. (2 stages)
6-3/4"	5-1/2", 15.50#	5192 - 5991	195 cu. ft.

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 2-17-83	Date of Test 2-19-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 33	Casing Pressure 350	Choke Size 1-1/4"
Actual Prod. During Test 102 bbl.	Oil-Bbls. 102	Water-Bbls. - 0 -	Gas-MCF 245

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)
Februaury 25, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Stamp
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 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.