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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104  
Successor to Old C-104 and C-110  
Effective 1-1-65

3060/N  
11-14-83  
01

I. Operator  
Union Texas Petroleum Corporation

Address  
P. O. Box 808, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain) This well began producing into UTP pipeline on 8/5/83 for testing.
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	

Dry Gas ☐  
Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eaton Federal	Well No. 2	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 044535-B
Location Unit Letter A ; 495 Feet From The North Line and 740 Feet From The East Line of Section 15 Township 28N Range 11W , NMPM, San Juan County				

III. 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, N.M. 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, N.M. 87499			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 15	Twp. 28N	Rge. 11W
	Is gas actually connected?		When 8/4/83	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4/9/83	Date Compl. Ready to Prod. 5/2/83		Total Depth 5850		P.B.T.D. 5798			
Elevations (DF, RKB, RT, GR, etc.) 5532 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5163		Tubing Depth 5701			
Perforations 5163 - 5743					Depth Casing Shoe 5840			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8", 36.00#, K-55		311		313 cu. ft.			
8-3/4"	7", 23.00#, K-55		5070		1407 cu. ft. (2 stages)			
6-1/4"	4-1/2", 11.60#, K-55		4854 - 5840		200 cu. ft.			
	2-3/8", E.U.E., 4.70#		5701					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 8/5/83	Date of Test 8/9/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 168	Choke Size 1-1/4"
Actual Prod. During Test 75 bbl.	Oil - Bbls. 75	Water - Bbls. 10	Gas - MCF 490

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. 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. Roddy  
Kenneth E. Roddy (Signature)

Area Production Superintendent  
(Title)

August 17, 1983  
(Date)

OIL CONSERVATION COMMISSION

9-01-83  
APPROVED

SEP 1 1983

BY Original Signed by FRANK T. CHAVEZ

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.