HO. OF COPIES RECEIVED]		
DISTRIBUTION	- EW MEVICO OU C	ONSERVATION COMMISSION	A 40
SANTA FE	REQUEST	Form C-104 Supersedes Old C-104 and C-110	
FILE	1	AND	Ellective 1-1-65
U.S.G.S.		NSPORT OIL AND NATURAL G	LAC IN
LAND OFFICE	AUTHORIZATION TO TRA	MATURAL G	21161 033
OIL	1		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TRANSPORTER GAS	1	- REVISE	Ď·10-25∈8 3
OPERATOR	1	1 Ltem 1	Vi Perforations
PRORATION OFFICE	7		
Operator			
Union Texas Petroleum			
P. O. Box 1290, Farmir	ngton, New Mexico 87499	- Jio	
Reoson(s) or filing (Check proper box	·)	Other (Flease explain)	
New Well	Change in Transporter of:		producing into UTP
Recompletion	OII Dry Go	s 🔲 pipeline on 9/27,	/83 for testing.
Change in Ownership	Casinghead Gas Conden	nsate	
If change of ownership give name and address of previous owner	··		
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F		1 20000
Angel Peak "B"	45 Undesignated G	Gallup State, Federa	er Fee Fed. SF 047017B
Location		507	.
Unit Letter I ; 18:	39 Feet From The South Lin	se and <u>69/</u> Feet From [*]	The East
	2011	3511	1125
Line of Section 24 To	ownship 28N Range	11W , NMPM, San J	Uan County
	TOD OF OUR AND NATURAL CA	. c	
Name of Authorized Transporter of Of	TER OF OIL AND NATURAL GA	Address (Give address to which appro-	ved copy of this form is to be sent)
ì	~	P. O. Box 489, Bloomfi	eld. N.M. 87413
Plateau, Inc. Name of Authorized Transporter of Co	asinghead Gas 👿 or Dry Gas 🗔	Address (Give address to which appro-	ved copy of this form is to be sent)
Union Texas Petroleum	**	P. O. Box 1290, Farmin	aton. N.M. 87499
	Uni: Sec. Twp. F.ge.	is gas actually connected? Wh	
If well produces oil or liquids, give location of tanks.	I 24 28N 11W	yes	9/25/83
	ith that from any other lease or pool,		
COMPLETION DATA	ith that from any other rease of poer,		
	Oil Weil Gas Weil	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completi		XX	
Date Spudoed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/6/83	8/25/83	6362	6311 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top CII/Gas Pay	5869
5920 R.K.B.	Gallup	5453	Depth Casing Shoe
Perforations	6212'-6266' Greenho	onn	6360
5453 - 6004 Gallup			. 6300
	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE		321	330 cu. ft.
13-1/2"	9-5/8", 36.00#	5361	1941 cu. ft. (2 stages
8-3/4" 6-1/4"	7", 23.00# 4-1/2", 11.60#	5154 - 6360	192 cu. ft.
0-1/4	4-1/2", 11.60# 2-3/8", E.U.E., 4.70#		i
			and must be equal to or exceed top allow
TEST DATA AND REQUEST FOIL WELL	able for this d	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ifi, etc.)
9/27/83	10/7/83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	40	144	1-1/4"

Water - Bbls. Oil-Bbls. Actual Frod. During Test 241 55 55 bbl. oil

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

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.

(Signature) Roddy

Area Production Superintendent

(Title)/

October 21. 1983

OIL CONSERVATION COMMISSION

APPROVED.

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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.

able on new and recompleted were.

Fill out only Sections L. a. it., and v. the the rest of condition