

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Union Texas Petroleum Corporation
Address
P. O. Box 1290, Farmington, New Mexico 87499
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

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DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name C. J. Holder	Well No. 17	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF 077968
Location Unit Letter C : 1120 Feet From The North Line and 1630 Feet From The West Line of Section 16 Township 28N Range 13W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gary Energy Corporation	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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 16	Twp. 28N	Rge. 13W	Is gas actually connected? No	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Barbara Norman
Barbara Norman
Production Technician
3/8/85
(Signature)
(Title)
(Date)

OIL CONSERVATION DIVISION
3-19-85
APPROVED
MAR 15 1985
BY
Original Signed by FRANK T. CHAVEZ
TITLE
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.
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
			XX	XX					
Date Spudded 12/29/84	Date Compl. Ready to Prod. 2/20/85	Total Depth 6570				P.B.T.D. 6430			
Elevations (DF, RKB, RT, GR, etc.) 6057 GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6302				Tubing Depth 6378			
Perforations 6302 - 6396						Depth Casing Shoe 6570			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8", 24.00#		323		255 sacks				
7-7/8"	4-1/2", 10.50#		6570		1831 sacks (2 stages)				
	2-3/8", E.U.E., 4.70#		6378						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	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 1141 1040	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Start-in) 642	Casing Pressure (Start-in) 1855	Choke Size 3/4"