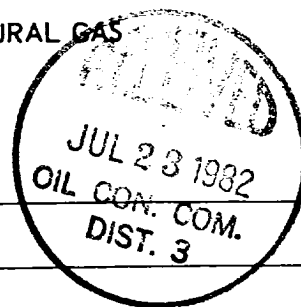


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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



I.

Operator Union Texas Petroleum Corporation	
Address 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Change of Ownership to Unicon Producing Company successor to Supron Energy Corporation	

If change of ownership give name and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Garland</u>	Well No. <u>1-R</u>	Pool Name, including Formation <u>Fulcher Kutz Pictured Cliffs</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF047020</u>
Location				
Unit Letter <u>M</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>860</u> Feet From The <u>West</u>				
Line of Section <u>27</u> Township <u>29N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 108, Farmington, NM 87401</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>1800 First International Building</u> <u>Dallas, TX 75201</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>Yes</u>	<u>6-24-75</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
			<u>X</u>						
Date Spudded <u>4-4-75</u>	Date Compl. Ready to Prod. <u>4-13-75</u>	Total Depth <u>1810'</u>		P.B.T.D. <u>1779</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5512 GR</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil/Gas Pay <u>1648' RKB</u>		Tubing Depth <u>1627' RKB</u>					
Perforations <u>1648-1678'</u>				Depth Casing Shoe <u>1804'</u>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<u>12 1/4"</u>	<u>7-5/8"</u>		<u>110</u>		<u>100</u>				
<u>6-3/4"</u>	<u>2-7/8"</u>		<u>1804'</u>		<u>425</u>				
<u>6-3/4"</u>	<u>1"</u>		<u>1627'</u>						

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	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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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.

Union Texas Petroleum Corporation

(Signature)
Vice-President

(Title)
6/10/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY Original Signed by Jeff Edmister 19

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.