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U.S.G.S.		
LAND OFFICE		
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
Supersedes Old C-104 and C-110
Effective 1-1-65

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SEP 14 1983
OIL CON. DIV.
DIST. 3

I. Operator
Union Texas Petroleum Corporation
Address:
P.O. Box 1290, Farmington, NM 87499
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain)
Temporary Gas Sales contract expired.
Reconnect to a permanent gas purchaser.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zachry	Well No. 28	Pool Name, including Formation Armenta Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF080724A
Location Unit Letter I ; 1650 Feet From The South Line and 990 Feet From The East Line of Section 35 Township 29N Range 10W , 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 108, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input 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 1290, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 35	Twp. 29N	Pge. 10W	Is gas actually connected? Yes	When 8/9/82

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'v.
Date Spudded 11/21/81	Date Compl. Ready to Prod. 01/01/82	Total Depth 6150'	P.B.T.D. 6108'					
Elevations (DF, RKB, RT, GR, etc.) 5780' RKB	Name of Producing Formation Gallup	Top Oil/Gas Pay 5523'	Tubing Depth 5912'					
Perforations	Depth Casing Shoe 6150'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"	9 5/8"	32.00#	305'			275		
8 3/4"	7"	23.00#	5093'			650		
6 1/2"	4 1/2"	10.50#	4927' - 6150'			175		

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)

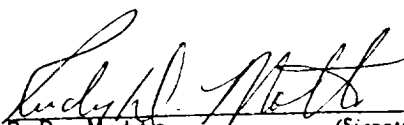
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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.


R.D. Motto (Signature)
Area Operations Manager (Title)

9/14/83

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 14 1983, 19
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR, DISTRICT # 3

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.