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TRANSPORTER	OIL	
	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-110
Effective 1-1-65

RECEIVED

Operator Union Texas Petroleum Corporation		
Address P.O. Box 808, Farmington, New Mexico 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	This well began producing into Union Texas Petroleum Corporation's pipeline on 2/16/83.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Zachry	Well No. 29	Pool Name, including Formation Armenta Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080724 A
Location Unit Letter C ; 937 Feet From The North Line and 1785 Feet From The West Line of Section 33 Township 29-N Range 10-W , NMPM, San Juan County				

I. 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 C	Sec. 33	Twp. 29-N	Rge. 10-W	Is gas actually connected? Yes	When 2/14/83

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

VI. 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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 12/3/82	Date Compl. Ready to Prod. 1/18/83		Total Depth 5998		P.B.T.D. 5957			
Elevations (DF, RKB, RT, GR, etc.) 5632 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5398		Tubing Depth 5823			
Perforations 5398 - 5947 (Total of 84 holes)					Depth Casing Shoe 5998			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	10-3/4", 40.50#		316		295 Cu. Ft.			
9-7/8"	7-5/8", 26.40#		5345		2393 Cu. Ft. (2 Stages)			
6-3/4"	5-1/2", 15.50#		5158 - 5998		190 Cu. Ft.			
	2-3/8", EUE, 4.70#		5823					

VI. 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 2/20/83	Date of Test 2/23/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure 40	Casing Pressure 320	Choke Size 1/2"
Actual Prod. During Test 53 Bbl.	Oil-Bble. 53	Water-Bble. -0-	Gas-MCF 112

GAS WELL

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

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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent (Title)

February 25, 1983

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____
BY _____
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.