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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

RECEIVED

JUL 21 1983

Operator Union Texas Petroleum Corporation		OIL CON. DIV. DIST. 6	
Address P. O. Box 808, Farmington, New Mexico 87499			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	This well began producing into UTP pipeline on 5/20/83 for testing.	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change Ownership <input type="checkbox"/>			

If change in ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zachry	Well No. Pool Name, including Formation 48 Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 080724-A
Location Unit Letter: G 1980 Feet From The North Line and 2145 Feet From The East Line of Section: 34 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 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 G	Sec. 34	29N 10W Yes 5/19/83

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 <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 Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded 4/9/83	Date Compl. Ready to Prod. 4/29/83	Total Depth 6030	F.B.T.D. 5982
Elevations (DF, R.R., RT, Gk, etc.) 5615 R.K.B.	Name of Producing Formation Gallup	Top Oil/Gas Pay 5372	Tubing Depth 5899
Perforations 5372 - 5954			Depth Casing Shoe 6030
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 26.00#, K-55	304 ft.	295 cu. ft.
7-7/8"	5-1/2", 15.50#, K-55	6030 ft.	2613 cu. ft. (3 stages)
	2-3/8", E.U.E., 4.70#	5899 ft.	

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 5/20/83	Date of Test 6/2/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 35	Casing Pressure 240	Choke Size 5/8"
Actual Prod. During Test 55 bbl. oil	Oil-Bbls. 55	Water-Bbls. 3	Gas-MCF 159

GAS WELL

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

Kenneth E. Roddy  
Kenneth E. Roddy (Signature)  
Area Production Superintendent  
July 19, 1983  
(Date)

OIL CONSERVATION COMMISSION  
7-29-83  
APPROVED  
BY Original Signed by FRANK T. CHAVEZ  
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.