

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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 375 US Highway 64 Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input checked="" type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Zachry</u>	Well No. <u>51</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease <u>Federal</u> State, Federal or Fee <u>SF-080724-A</u>	Lease No.
Location Unit Letter <u>M</u> : <u>812</u> Feet From The <u>south</u> Line and <u>573</u> Feet From The <u>west</u> Line of Section <u>35</u> Township <u>29N</u> Range <u>10W</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"/> <u>Conoco, Inc. Surface Trans.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1429, Bloomfield, NM 87413</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Union Texas Petroleum Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>375 US Highway 64, Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>35</u>	Twp. <u>29N</u>	Rge. <u>10W</u>	Is gas actually connected? <u>Yes</u>	When <u>10/28/86</u>

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.

Robert C. Frank  
Robert C. Frank (Signature)  
Permit Coordinator (Title)

November 5, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_

Original Signed By FRANK T. CHAVEZ

BY \_\_\_\_\_

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 deviated 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 multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover X	Deepen	Plug Back	Same Res'v.	Diff. Res'v. X
Date Spudded	Date Compl. Ready to Prod. 9/24/86		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Blanco Mesaverde		Top Oil/Gas Pay 3850			Tubing Depth 4432			
Perforations 3850-4181, 4256-4610 Mesaverde						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	2-3/8		4432						

#### 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 1409 per 24 hrs	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (shut-in) 1167	Casing Pressure (shut-in) 1167	Choke Size 3/4