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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

JUL 21 1983

Operator Union Texas Petroleum Corporation		OIL CON. DIV. DIST. 3
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 6/16/83 for testing.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Calvin	Well No. 3	Pool Name, including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter K 1722 Feet From The South Line and 2209 Feet From The West Line of Section 26 Township 29N Range 11W, 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 Corp.	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 K	Sec. 26
	Twp. 29N	Rge. 11W
	Is gas actually connected? Yes	
	When 6/15/83	

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 Rest'v. <input type="checkbox"/> Diff. Rest'v. <input type="checkbox"/>
Date Spudded 4/29/83	Date Compl. Ready to Prod. 5/30/83
Elevations (DF, RAB, RT, GR, etc.) 5556 R.K.B.	Name of Producing Formation Gallup
Perforations 5295 - 5870	Total Depth 5970
	Top Oil/Gas Pay 5295
	Tubing Depth 5798
	Depth Casing Shoe 5967

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 36.00#, K-55	314 ft.	319 cu. ft.
8-3/4"	7", 23.00#, K-55	5155 ft.	2291 cu. ft. (2 stages)
6-1/4"	4-1/2", 11.60#, K-55	4939 ft. - 5967 ft.	199 cu. ft.
	2-3/8", E.U.E., 4.70#	5798 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)

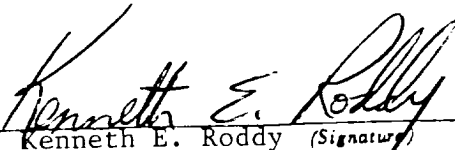
Date First New Oil Run To Tanks 6/16/83	Date of Test 6/29/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 60	Choke Size 1"
Actual Prod. During Test 30 bbl. oil	Oil-Bbls. 30	Water-Bbls. 5	Gas-MCF 278

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.

  
Kenneth E. Roddy (Signature)

Area Production Superintendent  
(Title)

July 19, 1983  
(Date)

OIL CONSERVATION COMMISSION

7-29-83  
APPROVED JUL 29 1983, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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.