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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

3061/K
11-14-83
SEP 12 1983

OIL CON. DIV.
DIST. 3

I. Operator
Union Texas Petroleum Corporation
Address
P. O. Box 808, Farmington, New Mexico 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)
This well began producing into UTP pipeline on 8/31/83 for tests.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Albright	Well No. 12	Pool Name, Including Formation Undesignated Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 077865
Location Unit Letter G ; 1919 Feet From The North Line and 2229 Feet From The East Line of Section 22 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. 22	Twp. 29N	Rge. 10W	Is gas actually connected? Yes	When 8/30/83

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/13/83	Date Compl. Ready to Prod. 8/4/83	Total Depth 6345	P.B.T.D. 6283					
Elevations (DF, RKB, RT, GR, etc.) 5603 R.K.B.	Name of Producing Formation Gallup	Top Oil/Gas Pay 5453	Tubing Depth 6090					
Perforations 5453 - 5508 6254	Depth Casing Shoe 6340							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	9-5/8", 32.3#	299'	354 cu. ft.					
8-3/4"	7", 23.00#	5420'	2906 cu. ft. (2 stages)					
6-1/4"	4-1/2", 11.60#	5200'-6340'	221 cu. ft.					
	2-3/8", E.U.E., 4.70#	6090						

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 8/31/83	Date of Test 9/5/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 40	Casing Pressure 300	Choke Size 1"
Actual Prod. During Test 7 bbl.	Oil-Bbls. 7	Water-Bbls. 1	Gas-MCF 207

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

September 9, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 12 1983
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 recompleted wells.