

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

SEP 29 1986

OIL CON. DIV.  
DIST. 3

I. Operator Union Texas Petroleum Corporation

Address 375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>ALBRIGHT</u>	Well No. <u>18A</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>SF-077865</u>
Location				
Unit Letter <u>D</u> : <u>1190</u> Feet From The <u>N</u> Line and <u>1015</u> Feet From The <u>W</u>				
Line of Section <u>22</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco, Inc. (surface trans.)</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Union Texas Petroleum</u>	<u>375 US Highway 64, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>22</u> Twp. <u>29</u> Rge. <u>10</u>	<u>No</u> <u>9/30/86</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 10-9-86

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)  
September 23, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED OCT 09 1986  
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 multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 8/12/86	Date Compl. Ready to Prod. 9/9/86		Total Depth 4710'			P.B.T.D. 4585'			
Elevations (DF, RKB, RT, GR, etc.) 5618' GL, 5630' KB	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 3933'			Tubing Depth 4400'			
Perforations Point Lookout 4195'-4508'      Menefee 3933'-4146'						Depth Casing Shoe 4710' liner			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" 32.30	325	270 sxs C1 "B"
8-3/4"	7" 23.00	2400	210 sxs 65/35 100 sxs C1 B
6-1/4"	4-1/2" 10.50	2218-4710	275 sxs 50/50

#### 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 3973      496	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 1158	Casing Pressure (Shut-in) 1152	Choke Size 3/4