| | ĺ | / | |
|--|--|-------------------------------------|---|
| NO. OF COPIES RECEIVED | V. | / | |
| DISTRIBUTION | NEW MEXICO OIL C | ONSERVATION COMMISSION | Form C-104 |
| SANTA FE | REQUEST FOR ALLOWABLE | | Supersedes Old C-104 and C-1. |
| FILE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | AND | Effective 1-1-65 |
| U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURA | AL GAS |
| LAND OFFICE | AUTHORIZATION TO THE | | |
| OIL | | | |
| TRANSPORTER GAS | | | Haraidal I Li |
| | | | 1 111 00 100 |
| OPERATOR | | | JUL 2 3 1982 |
| PRORATION OFFICE | | | OIL CON. COM. |
| Operator | 0 | | |
| Union Texas Petroleur | m Corporation | | DIST. 3 |
| Address | | onado 80295 | |
| 1860 Lincoln Street, | Suite 1010, Denver, Col | Other (Please explain) | - Allegarian |
| Reason(s) for filing (Check proper box) | | Change of Own | 1 * - + - |
| New Well | Change in Transporter of: | Union Brode | · · · · · · · · · · · · · · · · · · · |
| Recompletion | Oil Dry Go | | 8 1 3 |
| Change in Ownership X | Casinghead Gas Conde | nsate Bapton Lines 6. | y Corporation |
| L | | | 0.511.04 |
| and address of previous owner | | on, P. O. Box 808, Fa | rmington, New Mexico 87401 |
| I. DESCRIPTION OF WELL AND | Well No. Pool Name, Including F | Tormation Kind of | Lease No. |
| Lease Name | 3 Basin Dakota | State. F | ederal or FeeFed NM06738 |
| Sanchez | J 200211 20110 20 | | |
| Location | South | 1180 | West |
| L 145 | Feet From TheLin | | From The |
| Unit Letter;; | | 10W | San Juan |
| Line of Section 34 Tox | wnship 30N Range | , NMPM, | County |
| Cine of Books | | | |
| II. DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL G | AS | approved copy of this form is to be sent) |
| Name of Authorized Transporter of Oil | or Condensate X | | |
| į | | Post Office Box 108 | R. Farmington, NM 87401 |
| Plateau, Inc. Name of Authorized Transporter of Ca | singhead Gas or Dry Gas X | Address (Give address to which | approved copy of this form is to be sent; |
| l | | Post Office Box 149 | 92, El Paso, TX 79978 |
| El Paso Natural Gas | lint Sec. Twp. Fige. | Is gas actually connected? | When |
| If well produces oil or liquids, | L 34 30N 10W | Yes | 5/26/64 |
| give location of tanks. | · | | |
| If this production is commingled wi | th that from any other lease or pool | , give comminging order number | 1. |
| V. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deep | D 4 D144 Dag |
| Designate Type of Completi | 3 | 1 1 | |
| | | Total Depth | P.B.T.D. |
| Date Spudded | Date Compl. Ready to Prod. | 7031 | 6997 |
| 12/2/63 | 12/27/63 | | Tubing Depth |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | 6884 |
| 5924 | Dakota | 6764 | |
| | | | Depth Casing Shoe 7031 |
| Perforations 6902-6898. | 6874-37, 6782-79, 6776- | -64 | |
| 0910 10, 0302 00119 | TURING CASING. A | ND CEMENTING RECORD | |
| | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| HOLE SIZE | 8 5/8" | 284 | 220 |
| 12 1/4" | 4 1/2" | 7021 | 1990 |
| 7 7/8" | 1 1/2" | 6874 | |
| | 1 1/2 | | |
| | | | |
| V. TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be | after recovery of total volume of l | oad oil and must be equal to or exceed top al |
| OIL WELL | able for this | depth or be jor full 24 nours/ | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump | , gua sije, cicij |
| | • | | |
| | Tubing Pressure | Casing Pressure | Choke Size |
| Length of Test | | | |
| | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| Actual Prod. During Test | OM - D2.8. | | |
| | | | |
| | | | _ |
| GAS WELL | | Bbls. Condensate/MMCF | Gravity of Condensate |
| Actual Prod. Test-MCF/D | Length of Test | DDIS. CONDENSATE MMCF | |
| | | | Chake Sina |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |
| | NCE | OIL CONS | SERVATION COMMISSION |
| VI. CERTIFICATE OF COMPLIA | NCE | | |
| | | APPROVED | JL 2 3 1982 |
| I hereby certify that the rules an | d regulations of the Oil Conservation | 9n | ed by CHARLES GHOLSON |
| Commission have been complete | with and that the information give the best of my knowledge and belie | f. BY | |
| above is true and complete to | · · · · · · · · · · · · · · · · | 11 | |

DEPUTY OF & GAS INSPECTOR, DIST. #3 Union Texas Petroleum Corporation This form is to be filed in compliance with RULE 1104. Vice - President

TITLE_

(Title)

(Date)

If this is a request for allowable for a newly drilled or deepend 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 allo-able 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 conditions. Separate Forms C-104 must be filed for each pool in multip completed wells.