NO. OF COPIES RECEIVED						
					NE	
SANTA FE						
FILE						
U.S.G.S.			L	AU'	THORIZ	
LAND OFFICE						
TRANSPORTER	OIL					
IRANSPORTER	GAS		L_			
OPERATOR			<u> </u>			
PRORATION OFFICE						
Operator						
Union Texas Petroleum Corporation						
Address						
1860 Linc	et,	Suite	1010,			
Reason(s) for filing (Check proper box)						
New Well				Chan	ige in Tran	
Recompletion				Oil		
				_	nghead Ga	

Vice - President

6/10/82 (Date)

(Title)

l	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11			
Į	SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65			
l	FILE		AND				
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (	GAS TOTAL			
[	LAND OFFICE						
ļ	TRANSPORTER OIL		/	aer files			
	OPERATOR GAS		/1	KLPLIAED /			
1.	PRORATION OFFICE			111 9 9 1099			
	Union Texas Petroleum Corporation  Union Texas Petroleum Corporation  Union Texas Petroleum Corporation						
	Union Texas Petroleum	Corporation	<del>/</del> 0	IL CON. COM.			
		Suite 1010, Denver, Col	orado 80295	DIST. 3			
	Reason(s) for filing (Check proper box)						
	New Well	Change in Transporter of:	United B	1			
	Recompletion	Oil Dry Go Casinghead Gas Conder		proration			
	Change in Ownership $X$	Casinghead Gas Conde					
	If change of ownership give name and address of previous owner	Supron Energy Corporation	on, P. O. Box 808, Farmi	ngton, New Mexico 87401			
11.	DESCRIPTION OF WELL AND I	EASE   Well No.   Pool Name, Including F	formation Kind of Leas	e Lease No.			
	Lease Name	Well No. Pool Name, merading .	01	olor Fee Federal SF 078214			
	McCord	12 Basin	Dakota	FP0F131 SF 070214			
	Location 11	00 Feet From The South Lir	ne and 940 Feet From	The West			
	Unit Letter M ; 11	OO Feet From The					
	Line of Section 33 Tow	nship 30N Range	13W , NMPM, San Ju	an County			
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	<b>I</b> S				
111.	Name of Authorized Transporter of Oil	or Condensate 🛣	Address (othe and est to amen appro-				
	Plateau, Inc.	inghead Gas or Dry Gas X	Post Office Box 108, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Cas		Post Office Box 1492, El Paso, TX 79978				
	El Paso Natural Gas	Unit Sec. Twp. Ege.	Is gas actually connected? When				
	If well produces oil or liquids, give location of tanks.	M 33 30N 13W	Yes	5/22/64			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Completio		XX				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	12/12/63	12/30/63	6199	6165			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	5539	Dakota		Depth Casing Shoe			
	Perforations 6097,92,84,68,58,52,47,4	2.35; 5998,93,88,79,68,	62				
	0097,92,04,00,30,32,17,	TUBING, CASING, AN	ID CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	8-5/8"	285	175			
	7-7/8"	4-1/2"	6182.	1600			
	J-1/0						
		<u> </u>	/	l and must be equal to or exceed top allow			
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this c	lepth or be for full 24 hours)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
	Batter 1 and						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			Water - Bbls.	Gas-MCF			
	Actual Prod. During Test	Oil · Bbls.					
	GAS WELL			To an a Contact to			
	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			
V	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	OIL CONSERVATION COMMISSION JUL 2 3 1982			
			.    APPROVED				
	I hereby certify that the rules and Commission have been complied	regulations of the Oil Conservation	Original Signed b	v Je <del>ff</del> Edmister			
		With and that the intollection give	Original Signed by Jeff Edmister DEPUTY OIL & GAS INSPECTOR, DIST.				
	above is true and complete to th	e best of my knowledge and belief	DEPUTY OIL & G	AS INSPECTOR DIST 40			
	above is true and complete to the	e best of my knowledge and better	TITLE	AS INSPECTOR, DIST.			

If this is a request for allowable for a newly drilled or deepene 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 owne 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.