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SANTA FE					
FILE					
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LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					
Operator					
Union Texas Petroleum					
Address					

	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISS FOR ALLOWABLE AND	/ ION Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL GAS					
1.	PRORATION OFFICE	RATION OFFICE				
	Union Texas Petroleum Corporation			OIL CON. COM.		
		Suite 1010, Denver, Col				
	Reason(s) for filing (Check proper box) New We!1	Change in Transporter of:	Other (Please ex	Ounopohip to		
	Recompletion Change in Ownership X	Oil Dry Ga: Casinghead Gas Conden				
	If change of ownership give name and address of previous ownerS1	upron Energy Corporation	, P.O. Box 808, 1	Farmington, New Mexico 87401		
11.	DESCRIPTION OF WELL AND I	Well No.; Pool Name, Including Fo	ormation K	and of Lease Lease No.		
	McCord 2 Basin Dako		ta s	ate, Federal or Fee Fed SF 078214		
	Location Unit Letter L : 1850	South Line	1190 e and	West		
	Line of Section 34 Tow	nship 30N Range 1	3W , NMPM,	San Juan County		
		TO OT OUR AND MATERIAL CA	0			
III.	DESIGNATION OF TRANSPORT	or Condensate 💢	Address (Give address to	which approved copy of this form is to be sent)		
	Plateau, Inc.	inghead Gas Or Dry Gas X		Farmington, NM 87401		
	Name of Authorized Transporter of Cas Southern Union Gather		1800 First Inter	which approved copy of this form is to be sent) rnational Building		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. L 34 30N 13W	Is gas actually connected? Yes			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order n	umber:		
14.	Designate Type of Completion - (X)		New Well Workover	Deepen Plug Back Same Res'v. Diff. Res'v		
	Date Spudded 7/30/59	Date Compl. Ready to Prod. 9/4/59	Total Depth 6351	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.) 5639	Name of Producing Formation Dakota	Top Oil/Gas Pay 6116	Tubing Depth 6123.19 Depth Casing Shoe		
	1st stage 6116-6228, 2nd stage 6260-6286' 6347					
	TUBING, CASING, AND		CEMENTING RECORD DEPTH SET SACKS CEMENT			
	13 3/4"	CASING & TUBING SIZE	295.34	141		
	7 7/8"	4 1/2"	6347	425		
		2"	6123.19			
v.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Fun To Tanks Other part of the depth of the depth of the first New Oil Fun To Tanks Other part of Test Other part of the depth of the depth of the first New Oil Fun To Tanks Other part of Test Other part of the depth of the depth of the first New Oil Fun To Tanks Other part of the depth of the depth of the first New Oil Fun To Tanks Other part of the depth of t					
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Cdaing Piesawe			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF		
			<u> </u>			
	GAS WELL		I Phile Condenses On CE	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity bi Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i			
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION JUL 2 3 1982 APPROVED			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY			
	Union Texas Petroleum Corporation		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3			
	onition reads retroreum corporation		This form is to be filed in compliance with RULE 1104.			
	/ (Sign		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			
Vice - President			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 allow 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 condition Separate Forms C-104 must be filed for each pool in multiple			
(Title) 6-10-82 (Date)						