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| | DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL | REQUEST | ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL | Form C-104 Supersedes Old C-104 and Effective 1-1-65 GAS | |
|---|--|--|--|---|--|
| 1. | OPERATOR PRORATION OFFICE Operator Union Texas Petroleu | m Corporation | (c | JUL 28 1982 DIST COM. | |
| | Address | Suite 1010, Denver, Col | orado 80295 Other (Please explain) Change of Ounces | erohip to ing Company successor to Corporation | |
| | and address of provinces | Supron Energy Corporatio | n, P. O. Box 808, Farm | nington, New Mexico 8740 | |
| 11. | DESCRIPTION OF WELL AND DESCRI | Well No. Pool Name, Including Fo | Kind of Lo State, Fed | Lease No. 18 O7821 | |
| | Unit Letter G; 181 | O Feet From The NORTH Lin | 1450 Feet Fro | JUAN EAST | |
| Ш. | DESIGNATION OF TRANSPORT | or Condensate | Address (Give address to which ap | proved copy of this form is to be sent) | |
| | Plateau, Inc. Name of Authorized Transporter of Cas El Paso Natural Gas If well produces oil or liquids, | CO. Twp. Rge. | Post Office Box 1492 Is gas actually connected? | proved copy of this form is to be sent) , El Paso, TX 79978 When | |
| | give location of tanks. If this production is commingled wit COMPLETION DATA | | give commingling order number: | 01/24/64 | |
| | Designate Type of Completio | | New Well Workover Deepen XX Total Depth | Plug Back Same Res'v. Diff. Re | |
| | Date Spudded 08/16/63 Elevations (DF, RKB, RT, GR, etc.) | 08/30/63 Name of Producing Formation | 6360 Top Oil/Gas Pay | 6329 Tubing Depth | |
| | 5548 Perforations | DAKOTA | 6105 | 6107 Depth Casing Shoe 6360 | |
| | 6105 - 6288 TUBING, CASING, AND CEMENTING RECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | 7-7/8" | 8-/58",24.00# 4-1/2",10.50# | 264 6360 | 150 sacks 1825 cu.ft. | |
| | 7-7/8 | 1-1/2", 2.90# | 6107 | none | |
| v. | TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Other than the after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours) 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 | 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 COMPLIAN | | | VATION COMMISSION | |
| | I hereby certify that the rules and a Commission have been complied wabove is true and complete to the | regulations of the Oil Conservation with and that the information given best of my knowledge and belief. | BY Original Signed b | · · · · · · · · · · · · · · · · · · · | |
| | Union Texas Petroleum Corporation | | TITLE | | |
| | (Sian | atwe) | If this is a request for a | in compliance with RULE 1104. Nowable for a newly drilled or deepenpanied by a tabulation of the devia | |
| Vice-President Vice-President (Title) (Date) | | sle) | All sections of this form able on new and recompleted Fill out only Sections I well name or number, or trans | cordance with RULE 111. must be filled out completely for al | |