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	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C+104			
	FILE	REQUEST	FOR ALLOWABLE	1-1-65	
	u.s.c.s.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL		
	LAND OFFICE	TAO MORIZATION TO TRA	AND ON THE AND NATURAL		
	TRANSPORTER OIL			JUL 2 3 1982	
	GAS		1	OIL CON. COM.	
	PRORATION OFFICE		\	OIL CON. COM	
I.	Operator			DIST. 3	
	Union Texas Petroleur	m Corporation			
Address					
1860 Lincoln Street, Suite 1010, Denver, Colorado 80295  Reason(s) for filing (Check proper box)  Qther (Please gaplain)					
	New Well	Change in Transporter of:	Ghange of Owners	<del>rip to</del>	
	Recompletion	Oil Dry Go	35	Company successor to	
	Change in Ownership X	Casinghead Gas Conde	nsate Supron Energy Con		
	If change of ownership give name	D	- DO D 000 T		
	If change of ownership give name Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87 and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87				
11	II. DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including F	ļ		
	QUINN 8 BLANCO MESAVERDE State, Federal or Fee FED SF				
	Location  1180 Feet From The NORTH Line and 860 Feet From The EAST				
	Unit Letter A ; 1180 Feet From The NORTH Line and 860 Feet From The EAST				
	Line of Section 18 Township 31 N Range 8W , NMPM, SAN JUAN				
111.	DESIGNATION OF TRANSPORT	or Condensate X	AS Address (Give address to which appro-	ned conv of this form is to be sent!	
	P O Poy 109 Farming				
	Plateau, Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas X.  Address (Give address to which approved copy of this form is to 1800 First International Building				
	Southern Union Gather	ring Co.	Dallas, TX 75201		
	If well produces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connected? Who		
	give location of tanks.	<del></del>		10/21/58	
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA					
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Res	
		1 1 1 1	Total Depth		
	Date Spudded	Date Compl. Ready to Prod. 08/12/58	5930	P.B.T.D.	
	07/16/58 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	6472	MESAVERDE	-3255	5827	
Periordions		Depth Casing Shoe			
5610-5900, 5255-5565  TUBING, CASING, AND CEMENTING RECORD			<u> </u>		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		10-3/4" 32.75#	200	175	
		7-5/8" 26.4#	3515	200	
		5-1/2" 15.5#	3304-5930 5827	275	
<b>T</b> 7	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to				
OIL WELL					
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			gi, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				·	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
			<u> </u>		
	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	
***	CENTIFICATE OF COURT IANG	CF :	OU CONSERVA	TION COMMISSION	
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Signed by FRANK T. CHAVEZ		
	Union Texas Petroleum Corporation		SUPERVISOR DISTRICT # 3		
	\ ( ( )		This form is to be filed in compliance with RULE 1104.  If this is a request for sllowable for a newly drilled or deeper well this form must be accompanied by a tabulation of the deviation.		
	/ (Signature)				
	Vice - President		All sections of this form must be filled out completely for alleable on new and recompleted wells.		
	(-1/0/67)	(le)			
	6/10/8/L		Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi		
	, 100		Separate Forms C-104 must be filed for each pool in multi-		