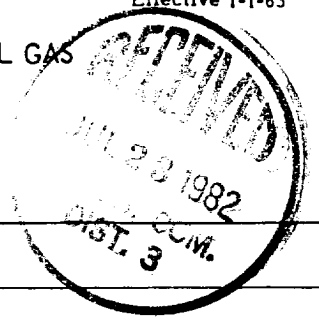


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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1.  
Effective 1-1-65



Operator Union Texas Petroleum Corporation		
Address 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	<del>Change of Ownership to</del>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<del>Unicon Producing Company successor to</del>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	<del>Supron Energy Corporation</del>
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nordhaus	Well No. 3	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Federal SF	Lease No. 078508
Location Unit Letter <u>A</u> ; <u>1075</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>31 North</u> Range <u>9 West</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1800 First International Building Dallas, TX 75201	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>11</u>
	Twp. <u>31N</u>	Rge. <u>9W</u>
	Is gas actually connected? <u>Yes</u>	
	When <u>9/12/57</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded <u>4/30/57</u>	Date Compl. Ready to Prod. <u>5/26/57</u>		Total Depth <u>5582'</u>		P.B.T.D. <u>5548'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6163'</u>	Name of Producing Formation <u>Mesaverde</u>		Top Oil/Gas Pay <u>4945'</u>		Tubing Depth			
Perforations <u>5106-5092; 4996-60.</u> <u>5506-02; 5500-5497'; 5493-90, 81, 78, 69-64, 52, 20; 5402-5374, 61, 14; 5126-13,</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>14-3/4"</u>	<u>10-3/4"</u>		<u>233'</u>		<u>225</u>			
	<u>7-5/8"</u>		<u>3187'</u>		<u>150</u>			
	<u>5-1/2"</u>		<u>5587'</u>		<u>230</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	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 COMPLIANCE

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.

Union Texas Petroleum Corporation

(Signature)

Vice-President

(Title)

6/10/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Original Signed by FRANK I. CHAVEZ

SUPERVISOR DISTRICT 3

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

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 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 owner, well name or number, or transporter, or other such change of condition.