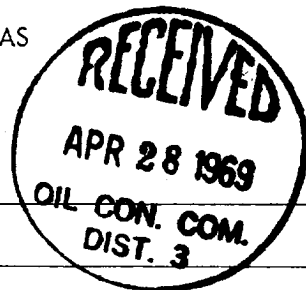


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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



I. Operator
Union Texas Petroleum, A Division of Allied Chemical Corporation
Address
Suite 1010, 1860 Lincoln Street, Denver, Colorado 80203
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Joint with #3 Johnston-Federal #3, A (NE NE) Section 12-T30N-R9W, to be abandoned.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Johnston-Federal	Well No. 10	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal
Location Unit Letter H ; 1700 Feet From The North Line and 990 Feet From The East Line of Section 12 , Township 30 North Range 9West , NMPM, San Juan 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 1921 Bloomfield Blvd., Farmington New Mexico 8740					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 12	Twp. 30N	Rge. 9W	Is gas actually connected? No	When 6/1/69

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'tv.	Diff. Res'tv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 3/25/69	Date Compl. Ready to Prod. 4/14/69		Total Depth 5250		P.B.T.D. 5129			
Pool Blanco Mesaverde	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4204		Tubing Depth 5010			
Perforations 4339-44, 4428-31, 4435-42, 4448-54, 4496-4521, 4539, 4549, 4555, 4629, 4672-75, 4680, 4906-11, 4918, 4934-38, 4940-62, 4967, 4969, 4991, 5007, 5029						Depth Casing Shoe 5247		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4" - 40.5#		306		300 (circ.)			
8-3/4"	7" - 20#		2991		550 (circ.)			
6-1/4"	4-1/2" - 9.5#		2813-5247		200			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 3,000	Length of Test 28 hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ----
Testing Method (pitot, back pr.) Orifice well tester	Tubing Pressure 31-648	Casing Pressure 31-650	Choke Size 3/4

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.

(Signature)
Petroleum Engineer
(Title)
April 23, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 28 1969**
BY **Original Signed by Emery C. Arnold**
SUPERVISOR DIST. #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 Sections I, II, III, and VI only 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 multiply completed wells.