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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104	
SANTA FE	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-11 Effective 1-1-65	
FILE		AND		CCLIVE	
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NA	TURAL GAS	OF FIVEN	
LAND OFFICE				Wrnria rn	
TRANSPORTER GAS			- [	JUL 2 3 1982	
OPERATOR			1		
TOORATION OFFICE				OIL CON. COM.	
Operator			`	DIST. 3	
Union Texas Petroleur	m Corporation				
Address	Suite 1010, Denver, Colo	orado 80295			
Reason(s) for filing (Check proper box)	5410 2023		eplain)	<del>- 40</del>	
New We!I	Change in Transporter of:	=	Change of Ownership to		
Recompletion	Oil Dry Gas	Supron En	0		
Change in Ownership X	Casinghead Gas Conden	sate			
If change of ownership give name and address of previous ownerS	upron Energy Corporation	, P.O. Box 808,	Farmingto	n, New Mexico 87401	
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	Of matter.	ind of Lease	Lease No.	
Lease Name LESTER	1 BLANCO MESAVER	is	itate, Federal c	r Fee FFE	
Location				EACT	
Unit Letter H : 10	Feet From The NORTH Lin	e and1010	Feet From Th	• <u>EAST</u>	
3	wnship 30 NORTH Range 11	WEST , NMPM,	SAN J	JAN County	
Line of Section	whamp				
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to	which approve	d copy of this form is to be sent)	
Name of Authorized Transporter of Oil	or Condensate 🔝	P 0 Box 108	Farmingto	on, NM 87401	
Plateau, Inc.	singhead Gas or Dry Gas X	as X Address Give address to which approve		d copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X		1800 First Inte	Address (Give address to which approved copy of this form is to be sent) 1800 First International Building		
Southern Union Gathering Co. Dalla Unit Sec. Twp. Ege. Is gas a		Is gas actually connected	Wher		
If well produces oil or liquids, give location of tanks.	H 3 30N 11W	YES	. 04	/30/75	
give location of tanks.	ith that from any other lease or pool,		number:		
V. COMPLETION DATA		New Well Workover	Deepen	Plug Back   Same Res'v. Diff. Res'v	
Designate Type of Completi	C.1	X !			
	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Date Spudded	01/20/75	4760 FT. R.K	.B	4706 FT. R.K.B.	
12/13/74 Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay		Tubing Depth	
5760 FT. R.K.B.	MESAVERDE	4573 FT. R.K	.B	4507 FT. R.K.B.	
Perforations				4760 FT. R.K.B.	
4573-4660 FT. R.K.B		2500		4/60 Fl. R.A.D.	
		DEPTH SE	<u>ט</u> די	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE			185 sacks	
12-1/4"	8-5/8"	300 FT R K B		Stage Collar set at	
7-7/8"	5-1/2" 1st stage cemented w/215	sacks 2nd stage	cementer	w/400 sacks	
	1 1 1 1 1 1 1 1 1	( //E/// L			
V. TEST DATA AND REQUEST	TOD ATT OWART E (Test must be	after recovery of total volu	me of load oil	and must be equal to or exceed top allo	
OIL WELL		depth or be for full 24 hours Producing Method (Flou	, pump, gas li	ft, etc.)	
Date First New Oil Run To Tanks	Date of Test		-		
	Tubing Pressure	Casing Pressure		Choke Size	
Length of Test				Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gds-MCF	
\ <u></u>					
GAS WELL	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate	
Actual Prod. Test-MCF/D		= =			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	t-in)	Choke Size	
			CONSERV	ATION COMMISSION	
VI. CERTIFICATE OF COMPLIA	ANCE				
		APPROVED	WILL X	1087 <del>- Stridmister</del> , 19	
I hereby certify that the rules as	nd regulations of the Oil Conservation with and that the information give	en Original	Signed 57	College of the Land	
Commission have been complied above is true and complete to	I hereby certify that the rules and regulations of the information given 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		
			to be filed in	compliance with RULE 1104.	
$\sim$ $\sim$ $\sim$					
(Signature)				anied by a tabulation of the deviate ordance with RULE 111.	
Vice - President		tests taken on the		met be filled out completely for all	

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 owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip completed wells.

Vice - President

6/10/82 (Ticle)

(Date)