

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
RECEIVED
JUN 26 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Union Texas Petroleum Corporation

Address
375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Seymour	Well No. 9	Pool Name, including Formation Sedro Canyon Fruitland	Kind of Lease State, Federal or Fee	Lease SE078505
Location Unit Letter <u>F</u> ; <u>1496</u> Feet From The <u>North</u> Line and <u>1826</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>31N</u> Range <u>09W</u> , NMPM, <u>San Juan</u> Co				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
Sunterra Gas Gathering Company	P. O. Box 1809, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit : <u>F</u> ; Sec. : <u>23</u> ; Twp. : <u>31N</u> ; Rge. : <u>09W</u>	

If this production is commingling with that from any other lease or pool, give commingling order numbers _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Robert C. Tank
(Signature)
Permit Coordinator
June 24, 1987
(Date)

OIL CONSERVATION DIVISION
JUN 26 1987
APPROVED _____, 19____
BY Brian J. Chang
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or des well, this form must be accompanied by a tabulation of the des tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of con.
Separate Forms C-104 must be filed for each pool in re-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.S.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size