

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	1
GAS	1
OPERATOR	1
PRORATION OFFICE	

I. Operator
Union Texas Petroleum - A Division of Allied Chemical Corp.
Address
1122 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80295
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)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Johnston-Federal	Well No. 1A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF07843
Location Unit Letter <u>F</u> : <u>1600</u> Feet From The <u>N</u> Line and <u>1800</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>30N</u> Range <u>9W</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"/> Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) 1921 Bloomfield Blvd., Farmington, N. Me.			
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			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 12	Twp. 30	Rge. 9
	Is gas actually connected? No		When	

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 3-18-77	Date Compl. Ready to Prod. 5-2-77	Total Depth 5215	P.B.T.D. 5173					
Elevations (DF, RKB, RT, GR, etc.) 5860 Gr	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4383	Tubing Depth 5156					
Perforations 4383-5155			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/8	9 5/8	276	275					
8 3/4	7	2908	600					
6 1/4	4 1/2 (liner)	5215	275					

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 4678	Length of Test 3 hours	Bbls. Condensate/MMCF none	Gravity of Condensate ---
Testing Method (pilot, back pr.) Positive Choke	Tubing Pressure (shut-in) 487 psig	Casing Pressure (shut-in) 487 psig	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.

Ronald B. Hull
(Signature)

Asst. Prod. Mgr.

(Title)

5-11-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 12 1977, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. 4

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.

Separate Forms C-104 must be filed for each pool in multiple