

FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRORATION OFFICE	
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 F : 1600 Feet From The N Line and 1800 Feet From The West			
Line of Section 12	Township 30N	Range 9W	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"/>	Address (Give address to which approved copy of this form is to be sent) 1921 Bloomfield Blvd., Farmington, N. M.					
Plateau Inc.						
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) P.O. Box 990, Farmington, New Mexico					
El Paso Natural Gas Co.						
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 12	Twp. 30	Range 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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dif. Res'v.
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 13 3/8	CASING & TUBING SIZE 9 5/8			DEPTH SET 276			SACKS CEMENT 275	
8 3/4	7			2908			600	
6 1/4	4 1/2 (liner)			5215			275	

## 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

## 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.

  
(Signature)

Asst. Prod. Mgr.

(Title)

5-11-77

(Date)

OIL CONSERVATION COMMISSION  
APPROVED MAY 12 1971, 19

By Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. 2

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.

Complete Form C-104 must be filed for each well in multiv