## STATE OF NEW MEXICO. ENERGY MIG MINERALS DEPARTMENT

DISTRIBUTION		
SANTA FE		
FILE		
U.S.B.A.	$\Box$	
LAND OFFICE		
TRAMSPORTER OIL		
848		
OPERATOR		
PROBATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

JUND

JUN2 6 1987

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE

PROBATION OFFICE	AUTHORIZATIO		ND PORT OIL	AND NATUR	AL GAS	DIV	,	
I. Operator Union Texas Petroleu	ım Corporation							
375 US Highway 64, F		87401		Other (Please	esplain)			
New Well Recompletion Change in Ownership	Change in Transpo	<b>XX</b> 2	ry Gas ondensate				·	
If change of ownership give name and address of previous owner	D LEASE				Kind of Lease		Lease	
Leese Name Seymour	### .to.   Foot	ame, including F Blanco Mes			Sigte, Federal or	Fee	SF078505	
Location C 795	Feet From The	lorth Li	ne and	1780	_ Feet From The	West		
Line of Section 14 To	waship 31N	Range	09W	, NMPM	·	San Ju	an co	
Name of Authorized Transporter of Ot Conoco, Inc. Surface	or Condense	ND NATURA •• XXX	77201700				form is to be sent,  87413  form is to be sent.	
Name of Authorized Transporter of Co Sunterra Gas Gatherin	g Company		P. C		9, Bloomfie			
If well produces oil or liquids, give location of tents.	Unit Sec. T	31N : 09W		<u> </u>		- 17/4 77ks 77ks/27	Beltimen of	
If this production is comminged w NOTE: Complete Parts IV and			, give com	mingling order	number:		<u> </u>	
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					

APPROVED

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	CoTrank
Permit Coordinat	(Signature) tor
June 24, 1987	(Title)

(Date)

well, this form must be accompanied by a tabulation of the detects 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.

SUPERVISION DESCRIPTOR # 1

This form is to be filed in compliance with RULE 1184. If this is a request for allowable for a newly drilled or de-

Fill out only Sections I. II. III., and VI for changes of well name or number, or transporten or other such change of cor-Separate Forms C-104 must be filed for each pool in a completed wells.

TO COMPLETION DATA						0	Plus Beck	Same Resty.	Diff. Bes		
V. COMPLETION DATA		Off Metr	Gas Well	New Well	Work over	Deepen	LINE BACK	1	1		
Designate Type of Completi	on — (X)	i	i	1	!	<u> </u>		<u> </u>	<u>.                                    </u>		
	Date Compl. Reedy to Prod.		Produ	Total Depth			P.S.T.D.				
lete Spudded	Jour Cours										
		6		Top OIL/G	A PSY		Tubing Deg	elk.			
levetions (DF, RKB, RT, GR, etc.)	Name of Pi	Name of Producing Formation			,						
							Depth Cast	ng Shoe			
Performions											
		TUBING,	CASING, AN	O CEMENT	NG RECOR	D					
HOLE SIZE	CAS	CASING & TUBING SIZE		DEPTH SET			s	SACKS CEMENT			
HOLE 312E											
	<del></del>										
		OWARIE	(Tare must be	After recover	of total velu	me of load o	il and must be	equal to or ex	cood top a		
. TEST DATA AND REQUES	I FOR ALL	Owypire	able for this	depth or be for	full 24 hours	)	116				
OIL WELL Date First New Oil Run To Tanks	Date of To			Producing	Method (Flow	r, bamb' tes	uji, eie.j				
Date First New On Nam 10 1											
	Tubing Pr	20001110		Casing Pr	088W0		Cheke Siz	•			
Length of Teet	I dama Pi	••••					1				
				Water - Bb			Gas - MCF				
Actual Pred. During Teet	OII - Bbis.	•		1							
<u> </u>											
GAS WELL				1 25 to . Coo	deneste/AAC	*	Grevity e	Consensate			
Actual Pred. Test-MCF/D	Length of	Test		Bate. Con		•					
			- 1- 3	Cause B	esswe ( Sha	-12)	Cheke St	<del></del>			
Teeting Method (pilet, back pr.)	Tubing Pi	1000W0 ( STATE	16-12 }	Country			1				