ſ	NO. OF COPIES RECEIVED							
Ì	DISTRIBUTIO		Ĺ					
Ì	SANTA FE							
Ī	FILE							
ı	U.S.G.S.							
	LAND OFFICE							
	TRANSPORTER	OIL						
	TANS GATEN	GAS						
	OPERATOR							
	PRORATION OFF							
I	Operator							
	Union Texas Petroleu							
ſ	Address							
	1860 Lincoln Street,							
I	Reason(s) for filing (Check proper box							
	New Well							
l	Recompletion							
1	a	3.7						

VI.

			 			NEW MEX	KICO OIL	CONSERV	ATION COM	MISSION	Form C-1	0.4
	SANTA FE FILE			REQUEST FOR ALLOWABLE					Supersedes Old C-104 and C Effective 1-1-65			
				AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL								
									1-1-02			
	U.S.G.S.		\sqcup		AUTHO	PRIZATIO	N TO TR	RANSPORT	T OIL AND	NATURAL	GAS	
	LAND OFFICE		1 1								<i>5,</i> 10	
		OIL										
	TRANSPORTER	GAS	! 	\dashv							ر بن بعده العادي	
		GAS	1									
	OPERATOR											
1	PRORATION OF	FICE	1 1								1/4	The state of the s
••	Operator											
	Inion Toy	ac Po	+1	011m	C							
	Union Texas Petroleum Corporation								1 .88 681	982 1		
	Address										1	. 7
	1860 Lincoln Street, Suite 1010, Denver, Colorado 8							80295		$A \otimes \mathbb{L} \cup \mathbb{N} \cdot \mathbb{C}$	Xiwi. /	
		(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c								- N		
	_			Change expense						10000	·	
	New Well	님			Change in	Transporter	of:	_				THE SERVERS
	Recompletion				Oil		Dry C	Gas			Company sec	cessor to
	Change in Ownership	Σ			Casinghea	d Gas	Condi	ensate	Supron .	Energy Co	rporation	
					_ · <u>_ · · </u>				L			
	If change of owners	hin give										
	If change of owners and address of prev	inus nu	ner	Supi	ron Ener	rgy Corp	oratio	n. P.O.	Box 808	Farming	ton New Mey	100 87401
	and decress or pro-	1002 0								, . Car	ton, new nex	100 07401
	D DOGD V D DOG O											
и.	DESCRIPTION OF WELL AND LEASE Lease Name Well No.; Pool Name, Including Formation Kind of Lease Lease No.											
	Lease Name				Well No.	Pool Name,	Including l	Formation		Kind of Leas	e	Lease No
	Seymour				3-A Blanco Mesaverde				State, Federal or Fee Federal SF 078505			
	Location									J	reactur	<u> </u>
	-			1100		.		-				
	Unit Letter P		;	1190	_ Feet From	_{n The} Sout	th Li	ne and	020	Feet From	_{The} East	
								~				
	Line of Section	24	-	Townshi	ip 31 No	arth	Range	9 West	, NMPN	San	Juan	
,					52 110	<u> </u>	riange) West	, NMPN	i, saii	Juan	County
											-	
III.	DESIGNATION OF	F TRAN	SPO	RTER	OF OIL A	AND NATI	URAL G	AS				
	Name of Authorized 7	Fransport	er ci (O11 [or Cor	ndensate 💢)	Address (Cive address	to which approx	ved copy of this form	is to be sent!
- 4	Plateau, I	Tna						1			ton, NM 8740	•
- 1	Name of Authorized T		er of (Casinah	end Can []	or Dry G	~		20X 100	, rarming	LOII, NM 6740.	L
ĺ					_	or Dry G	as [V]	1866	tive address	to which approi	ved copy of this form	is to be sent)
1	Southern (מסבמע	Gat.	herin	ng Co.			Dallas	TX 752	001	ar parratus	
Ī	If well produces oil o	r Manide		Uni	t Sec.	Twp.	P.ge.	ls gas act	ually connect	ed? Whe	en -	
	give location of tanks		•	! P	24		1	1				
Ę				<u> </u>		. 31N	1 '9W	Ye.	S		7/17/75	
1	If this production is	commin	gled v	with th	at from any	other lease	e or pool.	give comm	ingling order	number:		
	COMPLETION DA		_		•			6	BB			
ſ						Well (Gas Well	New Well	Workover	Deepen	Plug Back Same	Besty Diff Beet
- 1	Designate Type	e of Co	mplet	tion 🗕	(X)	1		1	1	1	1	nes Din. nes
1							XX	XX	<u></u>		<u> </u>	1
	Date Spudded			Dat	e Compl. Re	ady to Prod.	•	Total Dep	th		P.B.T.D.	
	5/15/75			1	6/13	175		5/	400' R.K.	TD.	5340	
Ì	Elevations (DF, RKB,	RT CR	etc	Nan	ne of Produc			Top O11/G	GE POT	ь		
- 1			, 5.0.,			-		!	•		Tubing Depth	
L	6013'				Mes	averde		4	723 '		4715'	
- 1	Perforations										Depth Casing Shoe	
H	4.7.4	<u> </u>		11112							5397'	
-		TUBING, CASING, AND CEMENTING RECORD										
ļ.	HOLES	IZE			CASING 8	TUBING	SIZE		DEPTH SE	T	SACKS	CEMENT
	13-3/4"				10-3	/4"		22	28		175	
	9-7/8"			1	7!!			307			T	
-		,						1		·	306	
-	6-1/4"				4_1			539	97 '		386	
L	<u> </u>			i	2-1	/16"		471	5! Gr		į	
ν.,	FEST DATA AND	REQUI	EST :	FOR A	LLOWARI	LE Test	must be a	fler recovery	of total malus			
(OIL WELL					able	for this de	pth or be for	full 24 hours	ne o, 1800 bil 0	ina musi de equal to	or exceed top and
_	Date First New Ci. R.	ın To Te	nk s	I Date	e of Test					, pump, gas lift		· · · · · · · · · · · · · · · · · · ·
- 1	2010 1 1121 1101 201 111							1.00000	Merrica (1 10th	, pump, gas tijt	i, eic.)	
L												
-	Length of Test			Tub	ing Pressure	•		Casing Pre	эввше		Choke Size	
								İ				
i	Actual Prod. During T	est		011-	Bbla.			Water - Bbl	B.		Gas-MCF	
1	•			1								
1_												
(GAS WELL											
	Actual Prod. Test-MC	F/D		Len	gth of Test			Bbls. Cond	lensute/MMCF		Gravity of Condens	
								1	-,		diana, or conderia	210
<u> </u>		1 1 .	,			,		<u> </u>				
	Testing Method (pitot,	раск рг.	. /	1 11 11	ing Pressure	(Shut-in)	}	Casing Pre	esure (Shut-	in)	Choke Size	
				- 1								
יי עו	EDTIFICATE OF	COMP	7 7 4 2	VCE		· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u>'</u>	F1011 05:	
ν I. ι	CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION						
						APPROVED JUL 23 1982 Original Signed by CHARLES GHOLSON						
I	hereby certify that the rules and regulations of the Oil Conservation											
C	ommission have be	en com	plied	with a	ind that the	e informatio	on given	Original Signed by CHARLES GHOLSON				
В	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Illnion Taxas Potnolaum Componention					BY	Oligniai Sign					
						1						
	Union Texas Petroleum Corporation						TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3					
	`						Well of the County Marie Laterty Profession					
						This form is to be filed in compliance with RULE 1104.						
_							If this is a request for allowable for a newly drilled or deepens					
		¥i~	A (80.0)	510 est			1	well, this form must be accompanied by a tabulation of the deviation				
		· 7.7	· · FI	SHEET!				tests taken on the well in accordance with RULE 111.				
_	(Title)						All sections of this form must be filled out completely for alle-					
		/ 0	_0'	7				able on new and recompleted wells.				
	· · · · · 	6-11						Fill out only Sections I. H. III. and VI for changes of owner				
	. –		(E	ates			i	well name or number, or transporter, or other such change of conditie				
							;	Separate Forms C-104 must be filed for each pool in multip				
	:						completed wells.					