	DISTRIBUTION				
	SANTA FE				
	FILE				
	U.S.G.S.				
	LAND OFFICE				
	IRANSPORTER	OIL			
		GAS			
	OPERATOR				
ı.	PRORATION OFFICE				
Operator					
	Union Texas Petroleu				
	1860 Lincoln Street,				

II.

III.

ı٧.

V.

DISTRIBUTION	NEW MEXICO OIL	L CONSERVATION COMMISSION	_	
SANTA FE	REQUEST FOR ALLOWARIE		Form C-104 Supersedes Old C-104 and (
U.S.G.S.	 	AND		
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	. GAS	
IRANSPORTER OIL			CANADA PARAMANANANANANANANANANANANANANANANANANAN	
GAS			The state of the s	
OPERATOR				
PRORATION OFFICE			/ A STATE OF THE S	
Union Texas Petro	teum Corporation		JUL 2 3 1982	
	at Suita 1010 Danser O	2 2222	OIL COM.	
Reason(s) for filing (Check proper	et, Suite 1010, Denver, C		DIST. 3	
New Well	Change in Transporter of:	Other (Please explain) Change of Owner	ship	
Recompletion	OII Dry	Gas Unicon Producing	Company susector to	
Change in Ownership X	Casinghead Gas Con	densate Supron Energy Co	Orporatio n	
If change of ownership give name	* C			
and address of previous owner	Supron Energy Corporation	on, P.O. Box 808, Farming	gton, New Mexico 87401	
DESCRIPTION OF WELL AN	D LEASE			
Lease Name	Well No. Pool Name, Including	111111 01 211	se Lease No	
Seymour	2-A Blanco Mesa	averde State, Føder	ral or FeeFederal SF 078505	
	970	1150		
Unit Letter D;	870 Feet From The North L	ine and 1150 Feet From	The West	
Line of Section 24	Township 31N Range	9W NARM SAR	Juan	
	Talige	, NMPM, San	County County	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G			
Name of Authorized Transporter of (OII or Condensate 💢	Address (Give address to which appro		
Plateau, Inc. Name of Authorized Transporter of (Casinghead Gas or Dry Gas X	P. O. Box 108, Farming	ton, NM 87401	
Southern Union Gat		Address (Give address to which appro 1800 First Internation	al Building	
If well produces oil or liquids.	Unit Sec. Twp. P.ge.	Dallas, IX /5201	en	
give location of tanks.	D 24 31N 9W	Yes	11/2/78	
f this production is commingled	with that from any other lease or pool	, give commingling order number:		
COMPLETION DATA	Oil Well Cas Wall			
Designate Type of Complet	tion – (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
8/23/75	7/2/78	7177'	5724'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations	Mesaverde	5210'	5387 '	
5210 to 5	55101		Depth Casing Shoe	
3210 00		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
15"	10-3/4"	284'	250	
9-7/8"	7"	3489'	359	
6-1/8"	4-1/2" DC'x & csg	0 to 5724'	115	
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be			
DIL WELL		after recovery of socal volume of load oil (epth or be for full 24 hours)	and must be equal to or exceed top allo	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
Length of Test	Tubing Pressure			
5-11 , 11, 61, 1-21,	Tability Fredhald	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis,	Gas-MCF	
•				
ACTUAL Prod. Test-MCF/D	Length of Test			
netaal / loa. / bat - Mcl / b	Length of lest	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	<u> </u>		Chora Siza	
ERTIFICATE OF COMPLIAN	CE	OIL CONLETE VA	314085 WWISSION	
		O.O.L. 25 .	5.138Z	
hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	APPROVED	, 19	
pove is true and complete to th	e best of my knowledge and belief.	BY Original Signed by CHARLES GHOLSON		
Union Texas Petrole	um Corporation	DEPIITY OF SOLE		
	-	TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3		
	ļ	This form is to be filed in compliance with RULE 1104.		
Vice - President	atwe)	If this is a request for allowable for a newly drilled or deepenewell, this form must be accompanied by a tabulation of the deviation		
and all suffering		tests taken on the well in accordance with RULE 111.		
6-11-82	tle)	All sections of this form must be filled out completely for allow able on new and recompleted wells.		
—-· ·————————————————————————————————		Fill out only Sections I. II. III. and VI for changes of owner		
(Date)		well name or number, or transporter, or other such change of condition		

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