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

NEW MEXICO OIL CONSERVATION COMMISSION
## REQUEST FOR ALLOWABLE
## AND
## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C
Effective 1-1-65

*(stamp:)* JUL 2 3 1982 OIL CON. COM. DIST. 3
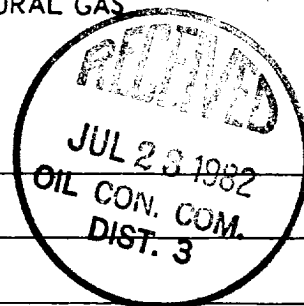
**Operator**

Union Texas Petroleum Corporation

**Address**

1860 Lincoln Street, Suite 1010, Denver, Colorado 80295

**Reason(s) for filing** *(Check proper box)*

| New Well | ☐ | Change in Transporter of: | | Other *(Please explain)* |
|---|---|---|---|---|
| Recompletion | ☐ | Oil ☐ | Dry Gas ☐ | ~~Change of Ownership to~~ |
| Change in Ownership | ☒ | Casinghead Gas ☐ | Condensate ☐ | ~~Unicon Producing Company successor to~~ ~~Supron Energy Corporation~~ |

If change of ownership give name
and address of previous owner ___ Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No |
|---|---|---|---|---|
| Helms Federal | 1-A | Aztec Picturéd Cliffs | State, Federal or Fee   Federal | NM 0555078 |

**Location**

Unit Letter ___ C ___ ; ___ 790 ___ Feet From The ___ North ___ Line and ___ 1850 ___ Feet From The ___ West

Line of Section ___ 22 ___ Township ___ 30 North ___ Range ___ 10 West ___ , NMPM, ___ San Juan ___ County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil ☐   or Condensate ☒ | Address *(Give address to which approved copy of this form is to be sent)* |
|---|---|
| Plateau, Inc. | Post Office Box 108, Farmington, NM 87401 |
| Name of Authorized Transporter of Casinghead Gas ☐   or Dry Gas ☒ | Address *(Give address to which approved copy of this form is to be sent)* |
| El Paso Natural Gas Co. | Post Office Box 1492, El Paso, TX 79978 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | C | 22 | 30N | 10W | Yes | 4-25-78 |

If this production is commingled with that from any other lease or pool, give commingling order number:

## IV. COMPLETION DATA

| Designate Type of Completion — (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res |
|---|---|---|---|---|---|---|---|---|
| | | X | | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 12-4-76 | 1-5-77 | 5426' | 5400' |

| Elevations *(DF, RKB, RT, GR, etc.)* | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 6339' RKB | Aztec Pictured Cliffs | 2976 | 2990' RKB |

| Perforations | Depth Casing Shoe |
|---|---|
| 2976-2997' | 5426' RKB |

### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 13-3/4" | 10-3/4" | 218 | 150 |
| 8-3/4" | 7" | 3151' | 230 |
| 6-1/4" | 4½" | 5426' | 310 |
| | 1-1/4" IJ | 2990' RKB | |

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

**GAS WELL**

| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |
| Testing Method *(p:tot, back pr.)* | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

## 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.

Union Texas Petroleum Corporation

_____
*(Signature)*

Vice-President
*(Title)*

6|10|82
*(Date)*

OIL CONSERVATION COMMISSION

*(stamp:)* JUL 2 3 1982

APPROVED _____, 19 ___

BY Original Signed by Jeff Edmister

**DEPUTY OIL & GAS INSPECTOR, DIST. #3**

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi completed wells.