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	NO. OF COPIES RECEIVED	NEW MEYICO OIL CON	ISERVATION COMMISSION	N	Form C-104	
-	DISTRIBUTION	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-1 Effective 1-1-65	
- }	SANTA FE FILE	AND				
}	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND MATERAL GAS				
	LAND OFFICE					
	TRANSPORTER GAS		1	L231982		
	OPERATOR		1 30	COM.		
	PRORATION OFFICE		<del>\01L</del>	CON. COM.	1 11	
1.	Operator					
	Union Texas Petroleum Corporation					
	1860 Lincoln Street, Suite 1010, Denver, Colorado 80295					
	Reason(s) for filing (Check proper box)		Other (Please expl	wnorship t	<del>o</del>	
	New Well	Change in Transporter of:  Dry Gas	Unicen Prod	ucing Comp	tion	
	Recompletion	Oil Diy Gas  Casinghead Gas Condense	ate Supron Encr	Ey Corpord		
	Change in Ownership X			•	N Movico 87401	
	If change of ownership give name su and address of previous owner	pron Energy Corporation,	P.O. Box 808, Fa	rmington,	New Mexico 67 102	
11.	DESCRIPTION OF WELL AND L	EASE   Well No.   Pool Name, Including For	matro	d of Lease	Lease No. SF-078213	
	Federal "A"	2-E Basin Dakota		e, Federal or Fe		
	Location F	1520 <sub>Feet From The</sub> North Line	and F	eet From The	est 	
		20 North Barrel 13 West NMPM, San Juan County				
	Line of Section 22					
Ш	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to wi	rich approved co	py of this form is to be sent)	
	1		P. O. Box 108, Farmington, NM 87401  Address Give address to which approved copy of this form is to be sent)  1800 First International Building			
	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X		1800 First Inter	national B	uilding	
	Southern Union Gathe	ring CO. Unit Sec. Twp. Ege.	Dallas, TX 75201 Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.	E 25 30N 13W	No			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order nu	mber:	DIII Book	
IV	. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back				g Back   Same Res'v.   Diff. Res'	
	Designate Type of Completic	on – (X)	1	P.8	i.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 6544		6498'	
	8-25-81	12-30-81   Name of Producing Formation	Top Oll/Gas Pay	į.	oing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Basin Dakota	6423		391 oth Casing Shoe	
	5756' RKB		De,			
	9324-6441 TUBING, CASING, AND CEMENTING RECORD					
		CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
	HOLE SIZE	8-5/8"	448'		250 	
	7-7/8"	4 <sup>1</sup> 2 <sup>n</sup>	6544 <b>'</b> 6391		750	
		2-3/8"	1			
V. TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exc able for this depth or be for full 24 hours)					nust be equal to or exceed top all	
•	OIL WELL	able for this d	Producing Method (Flow.)			
	Date First New Oil Run To Tanks	Date of Test				
	75-20	Tubing Pressure	Casing Pressure	CI	noke Size	
	Length of Test		Water-Bbls.	G	IB - MCF	
	Actual Prod. During Test	Oil-Bbla.	Water Bara			
					`- <u>-</u> _	
	GAS WELL		Bbls. Condensate/MMCF	G	ravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbia: Condone are, mare			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	(a)	hoke Size	
				ONSERVATI	ON COMMISSION	
	I. CERTIFICATE OF COMPLIANCE		JUL 2 3 1002 . 19			
	I hereby certify that the rules an	n APPROVED	Original Signed by Jeff Edmister			
	I hereby certify that the rules and Commission have been complied					
	Commission have been complied with and that the invalidation above is true and complete to the best of my knowledge and belief.  Union Texas Petroleum Corporation		TITLE DEPUTY OIL & GAS INSPECTOR, DIST.			
	,	This form is to	be filed in con	appliance with RULE 1104.		
	1,	If this is a request for allowable for a newly drilled of several well, this form must be accompanied by a tabulation of the devis well, this form must be accordance with RULE 111.  All sections of this form must be filled out completely for all accompleted wells.				
	Vice-Presid					
	6/10/8-	(Title)	Fill out only Sections I. II. III. and VI for change of condi			
		(Date)			pe filed for each pool in mul	
		orparate a ormina a management of the control of th				