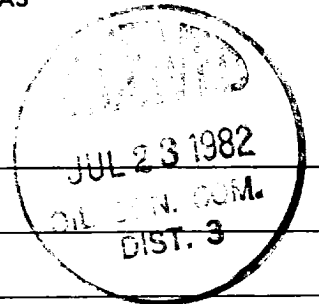


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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



I.

Operator Union Texas Petroleum Corporation	
Address 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Ownership to Unicon Producing Company successor to Supron Energy Corporation
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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 REID "A"	Well No. 2-E	Pool Name, including Formation UNDESIGNATED FRUITLAND	Kind of Lease State, Federal or Fee FED NM	Lease No. 04375
Location Unit Letter D ; 905 Feet From The NORTH Line and 1020 Feet From The WEST Line of Section 1 Township 30 NORTH Range 13 WEST , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gathering Co.	First International Building Dallas, Texas 75201	
If well produces oil or liquids, give location of tanks.	Unit D Sec. 1 Twp. 30N Rge. 13W	Is gas actually connected? YES When 01/26/82

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'v.
		XX	XX					
Date Spudded 08/11/81	Date Compl. Ready to Prod. 11/30/81		Total Depth 6890		P.B.T.D. 6840			
Elevations (DF, RKB, RT, GR, etc.) 5998 RKB	Name of Producing Formation FRUITLAND		Top Oil/Gas Pay 1850		Tubing Depth NO TUBING			
Perforations 1850-1860 (11 holes)					Depth Casing Shoe 6884			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24.0#		254		240			
7-7/8"	4-1/2" 10.5# & 11.6#		6884		1150 (3 stages)			
		NO TUBING						

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 (pitot, 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)

(Date)
6/10/82

OIL CONSERVATION COMMISSION

APPROVED **JUL 23 1982** , 19

Original Signed by **CHARLES HOLSON**

BY

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

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

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

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

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