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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Union Texas Petroleum Corporation	
Address P. O. Box 1290, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recombination <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> casinghead Gas <input type="checkbox"/> Condensate
Change of ownership give name and address of previous owner	

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OIL CON. DIV.
DIST. 3

DESCRIPTION OF WELL AND LEASE

Well Name McCord	Well No. 1-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. 078212
Location				
Unit Letter E	1526	Feet From The North	Line and 934	Feet From The West
Line of Section 15	Township 30N	Range 13W	NMPM, San Juan	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Gandy Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquerque, N.M. 87125					
Does well produce oil or liquids, give location of tanks.	Unit E	Sec. 15	Twp. 30N	Rge. 13W	Is gas actually connected? No	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Area Production Superintendent
(Title)
10/4/84
(Date)

OIL CONSERVATION DIVISION
10-19-84
OCT 19 1984
APPROVED
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
			XX	XX					
Date Spudded 7/23/84	Date Compl. Ready to Prod. 8/9/84	Total Depth 6512				P.B.T.D. 6463			
Elevations (DF, RKB, RT, GR, etc.) 5695 R.K.B.	Name of Producing Formation Dakota	Top Oil/Gas Pay 6242				Tubing Depth 6399			
Perforations 6242 - 6408						Depth Casing Shoe 6512			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00#	237	189 cu. ft.
7-7/8"	4-1/2", 11.60#	6512	3240 cu. ft. (2 stages)
	2-3/8", E.U.E., 4.70#	6399	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 3687	Length of Test 3 hours	Bbls. Condensate/MCF -----	Gravity of Condensate -----
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1920	Casing Pressure (Shut-in) 2000	Choke Size 3/4"