

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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DEC 11 1985
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Union Texas Petroleum Corporation

Address
375 U.S. Highway 64 Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com 31-8	Well No. 1A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee State	Lease No. V-100
Location Unit Letter <u>0</u> : <u>595</u> Feet From The <u>South</u> Line and <u>1970</u> Feet From The <u>East</u>				
Line of Section <u>2</u> Township <u>31N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc.	PO Box 1429, Bloomfield, NM 87413
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)
Northwest Pipeline Co.	PO Box 8900 Salt Lake City, Utah 84108-0900
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	0 2 31 8 No Approx. January 15, 1986

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.

VI. 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.

Robert C. Frank
(Signature)
Regulatory Analyst
(Title)
December 9, 1985
(Date)

OIL CONSERVATION DIVISION
DEC 11 1985

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 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 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	Some Resrv.	Diff. Resrv.
Date Spudded 10/20/85	Date Compl. Ready to Prod. 11/9/85		X	X					
		Total Depth 6160			P.B.T.D. 6121				
Elevations (DF, RKB, RT, GR, etc.) 6583 GL, 6595 KB	Name of Producing Formation Blanco Mesaverde	Top Oil/Gas Pay 5140			Tubing Depth 5552				
Perforations 6111 - 5140 (Gross) Mesaverde					Depth Casing Shoe 6158' KB				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13-3/4"	9-5/8"		304' KB		300				
8-3/4"	7"		3715' KB		560				
6-1/4"	4-1/2" liner		3516'-6158' KB		385				

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)

OIL WELL			
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
Aerial Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Aerial Prod. Test - MCF/D 2859/24 hrs.	Length of Test 3 hrs	Bbls. Condensate/MCF 0	Gravity of Condensate N/A
Testing Method (psst, back pr.) Back Pressure	Tubing Pressure (Shut-In) 1100	Casing Pressure (Shut-In) 1120	Choke Size 3/4