

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 22 1986
OIL CON. DIV.
DIST. 3

I. Operator Union Texas Petroleum Corp.

Address 375 US Highway 64, Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Sanchez</u>	Well No. <u>3A</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Fed. NM-</u>	Lease No. <u>06738</u>
Location				
Unit Letter <u>M</u> : <u>1149</u> Feet From The <u>South</u> Line and <u>1176</u> Feet From The <u>West</u>				
Line of Section <u>34</u> Township <u>30N</u> Range <u>10W</u> , NMPM, 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)
<u>Conoco, Inc. Surface Trans.</u>	<u>P. O. Box 1429, Bloomfield, NM 87413</u>
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)
<u>Southern Union Gathering Co.</u>	<u>P. O. Box 1899, Bloomfield, NM 87413</u>
If well produces oil or liquids, give location of tanks.	is gas actually connected? When
<u>M</u> <u>34</u> <u>30</u> <u>10</u>	<u>No</u> <u>Approx 1/1/86</u>

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

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 R. Frank
(Signature)
Permit Coordinator
(Title)
12/09/86
(Date)

OIL CONSERVATION DIVISION
DEC 22 1986

APPROVED _____
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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/16/86	Date Compl. Ready to Prod. 10/22/86	Total Depth 5100			P.B.T.D. 5040 5000				
Elevations (DF, RKB, RT, CR, etc.) 5917 GL, 5929 KB	Name of Producing Formation Blanco Mesaverde	Top Oil/Gas Pay 4074			Tubing Depth 4791				
Perforations 4074 4076-4606, 4670-4873 gross						Depth Casing Shoe 5100 (liner)			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	9-5/8		316		200 SXS (236 cu ft)				
8-3/4	7		2705		360 SXS (864 cu ft)				
5-7/8	4-1/2		2492-5100		250 SXS (393 cu ft)				
	2-3/8		4791						

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 2883	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 986	Casing Pressure (Shut-in) 996	Choke Size 3/4