

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
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OPERATOR	GAS
PROMOTION OFFICE	

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

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FEB 09 1988

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
OIL CON. DIV.,  
DIST. 3

**I.**

Operator  
Union Texas Petroleum Corporation

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"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lessee Name Oxnard	Well No. 2A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or <u>Lease</u>	Lease No. SF-078510
Location Unit Letter <u>J</u> ; <u>1738</u> Feet From The <u>South</u> Line and <u>1672</u> Feet From The <u>East</u>	Line of Section <u>7</u>	Township <u>31N</u>	Range <u>8W</u>	NMPM, <u>San Juan</u> Co

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Giant Refining Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 156, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Sunterra Gas Gathering Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1809, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> ; Sec. <u>7</u> ; Twp. <u>31N</u> ; Rge. <u>8W</u>	Is gas actually connected? <input type="checkbox"/>	When <u>No</u>

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)

Permit Coordinator

February 5, 1988

(Title)

(Date)

OIL CONSERVATION DIVISION

MAY 09 1988

APPROVED \_\_\_\_\_, 19\_\_

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 de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of en Separate Forms C-104 must be filed for each pool in a completed wells.

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'
			X	X					
Date Spudded 10/14/87	Date Compl. Ready to Prod. 1/13/88	Total Depth 6035 KB			P.B.T.D. 5992 KB				
Elevations (DF, RKB, RT, CR, etc.) 6445 GL/6457 KB	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4949			Tubing Depth 5808				
Perforations Mesaverde 4949'-5570' gross 5638'-5943' gross							Depth Casing Shoe 6034' Liner		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4		9-5/8		367		205 sx (242 cu.ft.)			
8-3/4		7		3612		525 sx (1338 cu.ft.)			
6-1/4		4-1/2		3381-6034		325 sx (510 cu.ft.)			
		2-3/8		5808					

**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 of 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 2606	Length of Test 3 hrs	Bbls. Condensate/MCF 0	Gravity of Condensate N/A
Testing Method (press, back pr.) back pressure	Tubing Pressure (Shut-In) 710	Casing Pressure (Shut-In) 710	Choke Size 3/4"