

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104  
Supersedes Old C-104 and  
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)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

~~Change of Ownership to~~

~~Unicon Producing Company successor to~~

~~Supron Energy Corporation~~

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease N
Taliferro	5	Basin Dakota	State, Federal or Fee Federal SF	078244
Location				
Unit Letter	H	1720 Feet From The North	Line and 920 Feet From The East	
Line of Section	30	Township 31 North	Range 12 West, NMPM,	San Juan Count

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)			
Plateau, Inc.	Post Office Box 108, Farmington, NM 87401			
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)			
El Paso Natural Gas Co.	Post Office Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	H	30	31N	12W
Is gas actually connected?	Yes		When 02-28-64	

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
		X						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-29-63	12-26-63		7012'		6970'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
5971 Derrick Floor	Dakota		6800'		6866'			
Perforations	6800-6810, 6854-6860, 6865-6883, 6903-6909'				Depth Casing Shoe 7001'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		262'		175			
7 7/8"	4 1/2"		7001'		1400 cu ft			

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 all able 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 (pilot, 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)

6-11-82

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 23 1982

19

BY

Original Signed by Jeff Edmister

DEPUTY OIL & GAS INSPECTOR, DIST #1

TITLE

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

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple