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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 05 1985

OIL CON. DIV.  
DIST. 3

Union Texas Petroleum Corporation

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

Reason(s) for filing (Check proper box)

New Well  
Recompletion  
Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Condensate  
☐ Dry Gas  
☐ Condensate

Other (Please explain)

Change of ownership give name  
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Federal	Lease No.
Johnston Federal	21	Pictured Cliffs	State, Federal or Fee		SF 078439

Unit Letter M : 790 Feet From The South Line and 790 Feet From The West

Line of Section 33 Township 31 North Range 9 West , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Conoco Inc. Address (Give address to which approved copy of this form is to be sent)  
PO Box 1429, Bloomfield, N.M. 87413

Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☒  
El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent)  
PO Box 4990, Farmington, NM 87499

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Reg.	Is gas actually connected?	When
	M	33	31	9	No	Approximately 12-15-85

If its 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.

L. R. La Flette  
(Signature)  
Regulatory Technician  
(Title)  
12-4-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 11 1985

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 Reentry	DILL R
			X	X					
Date Spudded 10-10-85	Date Compl. Ready to Prod. 10-18-85	Total Depth 3430'				P.B.T.D. 3382'			
Elevations (DF, RKB, RT, GR, etc.); 6453' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2'				Tubing Depth N/A			
Perforations 3259', 60', 65', 66', 67', 68', 69', 70', 71', 72', 76', and 3277'						Depth Casing Shoe 3403'			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24#	299	325 cu. ft.
7-7/8"	2-7/8" 6.5#	-	-
6-3/4"	2-7/8" 6.5#	3403'	1631 cu. ft.

#### 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 test 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 1786	Length of Test 3 hrs	Bbls. Condensate/MCF 0	Gravity of Condensate 0
Testing Method (pump, back pr.) Back Pressure	Tubing Pressure (Start-In) N/A	Casing Pressure (Start-In) 1100	Choke Size 3/4"