	NO. OF COPIES RECEIVED			
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE/	Supersedes Old C-104 and C-116
	FILE	AND Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS
	LAND OFFICE		/	
	TRANSPORTER GAS		,	1, 40
	OPERATOR			
1.	PRORATION OFFICE			
1.	Operator			10% 50%
	Union Texas Petroleu	m Corporation		3 .
	Address			
		Suite 1010, Denver, Col		
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	ship to
	New Well Recompletion	Oil Dry Ga:	s High Product	e Company ouggesser to
	Change in Ownership X	Casinghead Gas Conden		derponation.
	Change in Switz-Input			
	If change of ownership give name gand address of previous owner	upron Energy Corporation	, P. O. Box 808, Farmin	gton, New Mexico 87401
and address of previous owner				
11.	II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease			
	Lease Name		State Endon	/// ^C T-22-Tpd
	Barker Dome	10 Barker Creek	Dakota Side, Foun	2772
	Location	South	2140	- Fast
Unit Letter J : 1680 Feet From The South Line and 2140 Feet From The East				The Last
Line of Section 15 Township 32 North Range 14 West , NMPM, San Juan				ian County
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	
	Name of Author.zed Transporter of Ot.	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent)	
			iFirst International Bu	illding
	Southern Union Gathe	Unit Sec. Twp. Rge.	Dallas, Texas 75201	hen
	If well produces oil or liquids, give location of tanks.	J 15 32N 14W		July 13, 1976
	<u></u>		yes	3 419 13 1270
IV	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give comminging order number.	
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	, , Λ	<u> </u>	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	9-15-44	12-14-44	3019 Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		
	7279' DF	Barker Creek Dak	2950	2967 Depth Casing Shoe
	1			
	2950-3019'	TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	15"	13"	40'	5
	13-3/4"	10-3/4"	915'	10
	8-3/4"	7''	2750'	
		2"	2967'	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to o able for this depth or be for full 24 hours)				and must be equal to or exceed top allow-
	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
				Gas-MCF
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gd8-MCF
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. 1881-Mel / B			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
				JOE 2 3 1985
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 13
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by Just Edmister	
	Union Texas Petroleum Corporation		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3	
	Onton Texas Tetroreum corporation		<u> </u>	
	•		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	
	(Signature)			
	Vice - President	atwe)	tests taken on the well in accordance with RULE 111.	
	(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
	6/10/82		Fitt out only Sections I II III and VI for changes of owner,	
	(Late)		well name or number, or transporter, or other such change of conditions	
			Separate Forms C-104 mu	ist be filed for each pool in multiply