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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		L	
LAND OFFICE			
IRANSPORTER	OIL		
RANGE ON LEN	GAS		
OPERATOR			
PRORATION OFFICE			

F	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110				
	REQUEST FOR ALLOWABLE Supersedes Old (Effective 1-1-65							
-	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	A C				
}	LAND OFFICE	AUTHURIZATION TO TRAI	NSPURT OIL AND NATURAL GA	43				
}	OIL							
	IRANSPORTER GAS							
L	OPERATOR	•						
1.	PRORATION OFFICE			PER INC				
	Operator -	_		· 表字 孔花 [2]]]				
1	Union Texas Petroleum	Inion Texas Petroleum Corporation						
P. O. Box 1290, Farmington, New Mexico 87499								
					ł	Reason(s) for filing (Check proper box)		Other (Please explain)
	New Well X	Change in Transporter of:						
	Recompletion	Oil Dry Gas	s	L. 3				
1	Change in Ownership	Casinghead Gas Conden	sate	i i				
i	Change in Ownership							
	If change of ownership give name							
	and address of previous owner							
II.	I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease State E8445 Lease No.							
	Lease Name State Federal or Fee Dill 24 C204 11							
	Wright State Com.	1-E Basin Dakota		D111-24,L204-11				
	Location		700	Fact.				
	Unit Letter I : 155	O Feet From The South Lin	e and 790 Feet From T	he <u>East</u>				
	Line of Section 36 Tow	mship 32N Range	13W , NMPM, Sal	n Juan County				
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	ıs					
111.	Name of Authorized Transporter of Oil	or Condensate V	Address (Give daaress to which approv	· ·				
	Plateau, Inc.		P. O. Box 489, Bloomfi	eld. N.M. 87413				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas V	P. O. Box 489. Bloomfield, N.M. 87413 Address (Give address to which approved copy of this form is to be sent)					
			2444 Louisiana Blvd. N	2444 Louisiana Blvd, NE, Albuquerque, NM 87110				
	Southern Union Gather	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n				
	If well produces oil or liquids, give location of tanks.	T 36 32N 13W	No ! -					
	·	1 00 100						
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion	n - (X)	XX					
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Date Spudded	1		6912				
	4/23/84	5/18/84	6960 Top Oil/Gas Pay	Tubing Depth				
ī	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	i i	6903				
•	5791 R.K.B.	Dakota	6680	Depth Casing Shoe				
	Perforations							
	6680 - 6907	6680 - 6907						
			D CEMENTING RECORD	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET					
	14-3/4"	10-3/4", 32.75#	296	354 cu. ft.				
	8-3/4"	7", 23.00#	6959	3330 cu. ft. (3 stages)				
		2-3/8" E.U.E., 4.70#	6903	ļ <u>.</u>				
			i	<u>i</u>				
	7. 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)							
V.	OIL WELL	able for this de	epsh or be for full 24 hours)					
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				
	Tandin or 1 and							
	Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas-MCF				
	Actual Fied, During 1981							
			•					
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D			<u> </u>				
	2813	3 hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Testing Method (pitot, back pr.)	•	N/A	3/4"				
	Back Pressure	1850	NVA CULCONSERVA	ATION COMMISSION				
VI	. CERTIFICATE OF COMPLIAN	CE						
of the Oil Conservation			APPROVED					
			Original Signed by FRANK T. CHAVEZ					
I hereby certify that the rules and regularized that the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY						
		SUPERVISOR DISTRICT # 3						
			1116					
			This form is to be filed in compliance with RULE 1104.					
	V U - DI	<i>7</i> .	Il					
	Someth 2. Kod	y						
	Kenneth E. Roddy (Siendiwe) Area Production Superintendent (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.					
7/6/84		Fill out only Sections I. II. III, and VI to Change of condition, well name or number, or transporter, or other such change of condition.						

(Date)

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.