bmit 5 Copies
propriate District Office
STRICT I
). Box 1980, Hobbs, NM 88240

STRICT II
). Drawer DD, Artesia, NM 88210

STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

erator
Union Texas Petroleum Corporation
Well API No.

dress
P.O. Box 2120 Houston, Texas 77252-2120

ason(s) for Filing *(Check proper box)*
w Well
ompletion
ange in Operator
Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate
Other *(Please explain)*

ange of operator give name
address of previous operator

DESCRIPTION OF WELL AND LEASE

ase Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Jicarilla "L"	12	(OTERO) Chacra		C10

ation
Unit Letter J : Feet From The Line and Feet From The Line
Section 34 Township 25N Range 05W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

e of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Meridian Oil Inc.	P.O. Box 4289, Farmington, NM 87499
e of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address *(Give address to which approved copy of this form is to be sent)*
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, NM 87413

ll produces oil or liquids, ocation of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

esignate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
ions *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
rations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

EST DATA AND REQUEST FOR ALLOWABLE

WELL
(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.)

irst New Oil Run To Tank	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Method *(pitot, back pr.)*	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR CERTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation imon have been complied with and that the information given above ue and complete to the best of my knowledge and belief.

nature
Annette C. Bisby Env. & Reg. Secrtry
ted Name Title
8-4-89 (713)968-4012
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 28 1989

By
SUPERVISION DISTRICT # 3

Title

NSTRUCTIONS: This form is to be filed in compliance with Rule 1104.
) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
) All sections of this form must be filled out for allowable on new and recompleted wells.
) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
) Separate Form C-104 must be filed for each pool in multiply completed wells.