

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Union Texas Petroleum Corporation Well API No. _____
Address P.O. Box 2120 Houston, Texas 77252-2120
Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____
New Well _____ Change in Transporter of: _____
Recompletion _____ Oil ☒ Dry Gas ☐
Change in Operator _____ Casinghead Gas ☐ Condensate ☐
Change of operator give name _____
Address of previous operator _____

DESCRIPTION OF WELL AND LEASE
Well Name F-27-24-7 Well No. 1 Pool Name, including Formation Escrito (Gallup) Kind of Lease State, Federal or Fee Lease No. NM014023
Location Unit Letter K Feet From The _____ Line and _____ Feet From The _____ Line
Section 27 Township 24N Range 07W NMPM, SAN JUAN RA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ 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
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. P.O. Box 4990, Farmington, NM 87499
Well produces oil or liquids, location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?

COMPLETION DATA
Designate 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. _____
Conditions (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
_____ _____ _____ _____ _____ Depth Casing Shoe _____
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST 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.)
Test New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
_____ _____ _____
Type 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 (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
_____ _____ _____

OPERATOR 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 above is true and complete to the best of my knowledge and belief.
Annette C. Bisby Env. & Reg. Secrtry
Date 8-4-89 Title (713) 968-4012
Telephone No. _____

OIL CONSERVATION DIVISION
Date Approved AUG 28 1989
By [Signature]
Title SUPERVISION DISTRICT # 3

INSTRUCTIONS: 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.