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1000 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

I. Operator <u>Union Inc.</u>		Well API No. <u>30-039-25205</u>
Address <u>10 West Drive Ste 100W, Midland, TX 79705</u>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator <u>Water 2806393</u>		

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II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>AXI APACHE / 3135</u>	Well No. <u>6A</u>	Pool Name, including Formation <u>BLANCO MESA VERDE</u>	Kind of Lease State, Federal or Fee	Lease No. <u>CONTRACT 10</u>
Location Unit Letter <u>K</u> : <u>1730</u> Feet From The <u>SOUTH</u> Line and <u>1850</u> Feet From The <u>WEST</u> Line Section <u>14</u> Township <u>05 N</u> Range <u>4 W</u> , <u>NMPM</u> , <u>RIO ARRIBA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>GIANT SEEDLING INC</u>	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 338, BLOOMFIELD, NM 87413</u>
Name of Authorized Transporter of Casinghead Gas <u>GAS COMPANY OF NEW MEXICO</u>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 1899, BLOOMFIELD, NM 87413</u>
If well produces oil or liquids, give location of tanks.	Unit <u>X</u> Sec. <u>14</u> Twp. <u>25N</u> Rge. <u>4W</u>	Is gas actually connected? <u>NO</u> When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>10-10-92</u>	Date Compl. Ready to Prod. <u>4-27-93</u>	Total Depth <u>6196</u>		P.B.T.D. <u>6030</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>7254 GL</u>	Name of Producing Formation <u>MESAVERDE</u>	Top Oil/Gas Pay <u>5845</u>		Tubing Depth <u>5900</u>				
Performances <u>5845 - 5984</u>					Depth Casing Shoe <u>6188</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4</u>	CASING & TUBING SIZE <u>9 5/8</u>		DEPTH SET <u>416</u>		SACKS CEMENT <u>330 SX</u>			
<u>8 3/4</u>	<u>5 1/2</u>		<u>6196</u>		<u>1210 SX</u>			
	<u>1.9 TBG</u>		<u>5900</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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)

Date First New Oil Run To Tank	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

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GAS WELL

Actual Prod. Test - MCF/D <u>447</u>	Length of Test <u>24</u>	Bbls. Condensate/MMCF <u>8</u>	Gravity of Condensate <u>NA</u>
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) <u>200</u>	Casing Pressure (Shut-in) <u>300</u>	Choke Size <u>10/84</u>

VI. 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.

Signature Bill R. Keathly
Printed Name BILL R. KEATHLY SR. REGULATORY SPEC. Title
Date 5-14-93 Telephone No. 915-686-5424

OIL CONSERVATION DIVISION

Date Approved DEC 17 1993

By Original Signed by CHARLES SHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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