

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. 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 appropriate box)

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☒

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain) _____

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "G" Well No. 5 Pool Name, including Formation (Dakota) Kind of Lease State, Federal or Fee Lease No. C150
 Location Unit Letter L : _____ Feet From The _____ Line and _____ Feet From The _____ Line
 Section 12 Township 26N Range 05W , NMPM, RIO ARriba County _____
 III. DESIGNATION OF TRANSPORTER OF GAS _____

III. 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)	
Gas Company of New Mexico		P.O. Box 1899, Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
If this production is commingled with that from any other lease or pool, give commingling order number:		Is gas actually connected?	When?

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoes				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
7. TEST DATA AND REQUEST FOR ALLOWABLE									
OIL WELL (Test must be after recovery of test)									

7. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL. (Test results)

OIL WELL			
QUEST 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.)			
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
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing 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.

Signature Annette C. Bisby
 Printed Name 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 *Wm. J. [Signature]*
Title SUPERVISION DISTRICT # 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.