

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
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 _____ Well API No. _____

Union Texas Petroleum Corporation

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 ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newsom "B" Well No. 4 Pool Name, including Formation (Pictured Cliffs) Kind of Lease State, Federal or Fee Lease No. SF078384

Location Unit Letter M Feet From The _____ Line and _____ Feet From The _____ Line
Section 15 Township 26N Range 08W NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc. ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas Gas Company of New Mexico ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? 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

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 Shoe _____

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 _____

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____

Testing Method (puot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

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 _____

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 _____

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.

NEW MEXICO OIL CONSERVATION COMMISSION
INITIAL POTENTIAL TEST-DATA SHEET

This form must be used for reporting all pitot tube tests made in the State. It is particularly important that it be used for reporting Initial Potential Tests in the San Juan Basin as prescribed by Order No. R-333 and by the New Mexico Oil Conservation Commission Manual of Tables and Procedure for Initial Potential (Pitot Tube) Tests.

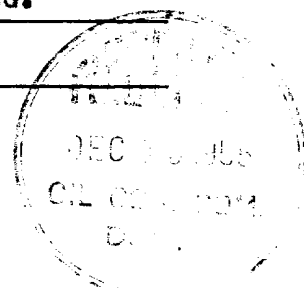
POOL BALLARD FORMATION PICTURED CLIFFS
COUNTY SAN JUAN DATE WELL TESTED 12-6-55

Operator S.U.G. Lease NEWSOM Well No. 4-B
1/4 Section SW Unit Letter M Sec. 15 Twp. 26N Rge. 8W
Casing: 5 1/2 "O.D. Set At 2442 Tubing 1 "WT. 1.7 Set at 2465
Pay Zone: From 2424 to 2485 Gas Gravity: Meas. _____ Est. .660
Tested Through: Casing X Tubing _____
Test Nipple 2" I. D. Type of Gauge Used X
(Spring) (Monometer)

OBSERVED DATA

Shut In Pressure: Casing 621 Tubing: 621 S.I. Period 7 DAYS
Time Well Opened: 1:15 P.M. Time Well Gauged: 4:15 PM
Impact Pressure: 13 #
Volume (Table I) 2237.2 (a)
Multiplier for Pipe or Casing (Table II) 1.068 (b)
Multiplier for Flowing Temp. (Table III). 1.0019 (c)
Multiplier for SP. Gravity (Table IV).9924 (d)
Ave. Barometer Pressure at Wellhead (Table V). 11.8
Multiplier for Barometric Pressure (Table VI).991 (e)
Initial Potential, Mcf/24 hrs. (a) x (b) x (c) x (d) x (e) = 2354

Witnessed by: _____ Tested by: HACKNEY
Company: _____ Company S.U.G.
Title: _____ Title: _____



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received	3	
	1	
	1	
	1	✓