Submit 5 Coxes
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT III

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.C). Box 2088

Santa Fe, New Mexico 875041-2088

I. Operator	TO TRANSPORT OIL AND NATURAL GAS Well API No.									
Union Texas Petro	oleum (Cornora	ation							
Address P.O. Box 2120	oustor	ı. Texa	as 7	72522	120					
Reason(s) for Filing (Check proper box)						ut (Please exp	lain)			
New Well		Change	in Trans	onter of:		er is terme exte	ww.			
Recompletion	Oil	~ _	Dry C							
Change in Operator	Casingh	ead Gas	′	in mic	•					
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LE			OTTE-R						
Lease Name			Pool	Vame, inciu	ding Formation		,	of Lease		ease No.
State 16		3	1 2(6	iallup)			State	Federal or Fe	№ E	9053-1
Location										
Unit Letter//	. :		Feet I	тот Тас	منا	e and	F	et From The		Line
	20							_		
Section / Townshi		/A /		n)	2,,					
Section 76 Towns	28	<u> </u>	Range	0	7W,N	MIM,	SAN.	JUAN		County
				·		MI'M,	SAN.	JUAN		County
III. DESIGNATION OF TRAN	SPORTI	ER OF C	OIL AN	·	JRAL GAS					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Meridian Oil Inc.	SPORTI		OIL AN	ND NATU	JRAL GAS Address (Giv	e address to w	hich approved Farmin	copy of this j	M 87499	ord)
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Meridian Oil Inc. Name of Authorized Transporter of Casing	SPORTI	ER OF C	OIL AN	ND NATU	JRAL GAS Address (Given P.O. F.	e address to w iox 4289, e address to w	hich approved Farmin hich approved	copy of this j gton, N	M 87499 form is to be se	oni)
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Meridian Oil Inc. Name of Authorized Transporter of Casing Union Texas Petro	SPORTI Speed Gas 1 eum C	er OF Conde	OIL AT	O NATO	JRAL GAS Address (Giv P.O. B	e address to w lox 4289, e address to w OX 2120,	hich approved Farmin hich approved Housto	copy of this j gton, M copy of this j n, TX	M 87499 form is to be se	oni)
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Meridian Oil Inc. Name of Authorized Transporter of Casing Union Texas Petro If well produces oil or liquids,	SPORTI	ER OF C	OIL AN	O NATO	JRAL GAS Address (Given P.O. F.	e address to w lox 4289, e address to w OX 2120,	hich approved Farmin hich approved	copy of this j gton, M copy of this j n, TX	M 87499 form is to be se	oni)
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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	Rhie Condenses AACE							

Casing Pressure (Shut-in)

VI. OPERATOR CERTIFICATE OF COMPLIANCE

Testing Method (pilot, back pr.)

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 knowleds

Req. Secrtry <u>Annette C</u> Title

08-09-89 Date

(713)968-4012

OIL CONSERVATION DIVISION

Choke Size

AUG 28 1989 Date Approved . 1 (had By_ SUPERVISION DISTRICT # 3 Title_

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

Length of Test

Tubing Pressure (Shut-in)

- 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, manaporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.