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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. <u>Union Texas Petroleum Corp.</u> Address P.O. Box 2120 Houston, TX 77252-2120 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Commingled Dakota & Gallup Dry Gas Recompletion Order # DHC-736 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation | 22E | Basin DK/Armenta Gallup Kind of Lease Lease No. SF-046017-A Angel Peak B State, Federal or Fee Location 1750 1650' North West Unit Letter Feet From The Line Section 13 28N 11W San Juan Range NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XX Meridian Oil Co, 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) <u> Union TexasPetroleum Corp</u> P.O. Box 2120 Houston, TX 77252-2120 If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. Yes 1 F 13 128N 1114 9-8-81 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spuidded Date Compl. Ready to Prod. Total Denth P.B.T.D. 6640 <u> 2-14-90</u> 6550 Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth 5834 RKB DAKOTA /GALLUP 6404 5412 6303 - 6402 541Z - . 59 6630 TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 378' 6404 V. TEST DATA AND REQUEST 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 Actual Prod. During Test Oil - Bbls. Water - Bbls MAR 0.2 1990 **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF CHEWECON DIV. DIST. 3 Testing Method (puot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. MAR 02 1990 Date Approved Signature Kén E White Regulatory Permit Coord. SUPERVISOR DISTRICT #3

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

Printed Name

Date

i) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation less taken in accordance

Title\_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

/968-3656

- 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.