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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 Instructions  
at Bottom of Page

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I. Operator**  
Union Texas Petroleum Corporation

Well API No.

**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** Zachry **Well No.** 52 **Pool Name, including Formation** ARMENTA (Gallup)  
**Kind of Lease** State, Federal or Fee **Lease No.** SF080724A  
**Location**  
Unit Letter 0 Feet From The Line and Feet From The Line  
Section 35 Township 29N Range 10W, NMPM, SAN JUAN County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

**Name of Authorized Transporter of Oil** ☒ or Condensate ☐  
Meridian Oil Inc. **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** ☐ or Dry Gas ☒  
Union Texas Petroleum Corp. **Address (Give address to which approved copy of this form is to be sent)**  
P.O. Box 2120, Houston, TX 77252-2120  
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** Annette C. Bisby  
**Printed Name** Annette C. Bisby **Env. & Reg. Sec'try**  
**Date** 08-09-89 **Telephone No.** (713) 968-4012

**OIL CONSERVATION DIVISION**

**Date Approved** AUG 28 1989  
**By** Brian D. Chang  
**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 multiple completed wells