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

State of New Mexico Energy, Minerals and Natural Resources Department

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

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

| I. | | | | _ | | BLE AND A | | | ION | | | | | | |
|--|---|----------------------|----------|---------------------|---------------------------|--------------------------------------|--------------|---|-----------------------|---|--|----------------|--|--|--|
| Operator | TO TRANSPORT OIL AND NATURAL | | | | | | | | Well API No. | | | | | | |
| Union Texas Pe | | | | | | | en E. White | | | | 30-045-2722 | | | | |
| Address | | | | | | | <u>-</u> | | | | | | | | |
| P.O. Box 2120 Reason(s) for Filing (Check proper box) | <u> Housto</u> | n, TX | 772 | <u> 252-2</u> | 120 | | - (Diana | -1-i-) | - | | | | | | |
| New Well | Change in Transporter of: | | | | | Other (Please explain) | | | ID) | DECEIVED | | | | | |
| Recompletion | n 🗌 Oil 🗌 Dry Gas 🗆 | | | | | | <i>/</i> //! | | | | (U) | | | | |
| Change in Operator | Casinghea | d Gas 🗌 | Conde | ensate | | | | | <u> </u> | JAN1 | o 1990 | land. | | | |
| If change of operator give name and address of previous operator | | | | | | | | | | | | | | | |
| II. DESCRIPTION OF WELL | ANDIE | CE | | | | | | | C | | N. DIY | / . | | | |
| Lease Name | Well No. Pool Name, Includ | | | | cludi | ing Formation | | | Kind of Lease No. | | | | | | |
| Albright | 20 Otero (| | | Chacra . | | | State, | State, Federal of Fee | | | | | | | |
| Location | | | _ | | | | | _ | | | | | | | |
| Unit Letter H | _ :22 | :05 | _ Feet F | From The | e! | orth Line | and825 | 5 | Fe | et From The | East | Line | | | |
| Section 27 Townshi | Section 27 Township 29N Range | | | inge 10W .NMPM. Sai | | | | | n Juan County | | | | | | |
| | | | | | | | | <u> </u> | 1 0 40 | | | County | | | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | SPORTE | | | ND NA | TU | RAL GAS | | | | | | | | | |
| _ · | ms of Authorized Transporter of Oil or Condensate | | | | | Address (Give address to which appro | | | | | | | | | |
| Name of Authorized Transporter of Casin | ghead Gas | Gas or Dry Gas X | | | | Address (Give address to which as | | | rarii Doroved | armington, NM 87499 roved copy of this form is to be sent) | | | | | |
| Sunterra Gas G | - | | | | | | | | Albuquerque. NM 87125 | | | | | | |
| If well produces oil or liquids, give location of tasks. | Unit | Sec. | Twp. | | Rge. | is gas actually | | | When | | | | | | |
| If this production is commingled with that | from env oth | er leses or | | | | No. | | | <u> </u> | ····· | | | | | |
| IV. COMPLETION DATA | nom any our | et lemme of | poor, gi | IAE CONTIN | nangi | ruf caes immo | <u> </u> | | | | | | | | |
| Designate Type of Completion | - (X) | Oil Well | | Gas We | :ii | New Well | Workover | De | eepen | Plug Back | Same Res'v | Diff Res'v | | | |
| Date Spudded | Date Comp | - | | | | Total Depth | 6, | | | P.B.T.D. | <u>. </u> | - | | | |
| 11-17-89 Elevations (DF, RKB, RT, GR, etc.) | 12-14-89 | | | | 3020 Top Oil/Gas Pay | | | | 2992 | | | | | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation 3045', 5502 GL Otera Chacra | | | | | | 2825 | | | | Tubing Depth 3025 | | | | | |
| Perforations | | | | | | | | | | Depth Casing Shoe | | | | | |
| 2825-2929' 13 0.34" hole | | | | | | | | | | 3025 | | | | | |
| | TUBING, CASING AND | | | | | CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CAS | CASING & TUBING SIZE | | | | DEPTH SET | | | | SACKS CEMENT | | | | | |
| 9 7/8 6 1/4 | | 2 7/8 |) II | | | 3621 | | | | 260 420 | | | | | |
| 0.1/4 | | 2 110 | | | | 3026' | | | | 420 | | | | | |
| | | | | | | | | - | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after r | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | £ | | | | | | |
| OIL WELL (Test must be after r Date First New Oil Run To Tank | Date of Tes | | ој гова | ou ana | musi | Producing Me | | | | | or jul 24 hou | 73.) | | | |
| | | | | | | | , · · · | , . 0 | • | | | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | | Choke Size | | | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | | Water - Bbls. | | | | Gas- MCF | | | | | |
| , | | | | | | | | | | | | | | | |
| GAS WELL | · · | | | | | <u>-</u> | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | | Bbis. Condensate/MMCF | | | | Gravity of Condensate | | | | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | | Choke Size | | | | | | |
| | 979 PSI (7 day) | | | | | | | | | | | | | | |
| VI. OPERATOR CERTIFIC | | | | NCE | | | | NICE | :01/ | ATION | טואופוכ | \A.I | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | | OIL CONSERVATION DIVISION | | | | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | | Date Approved APR 0.3 1990 | | | | | | | | | |
| Lu milita | | | | | | Date Approved | | | | | | | | | |
| Signature Ken E. White Reg. Permit Coord. | | | | | | By But Chang | | | | | | | | | |
| Printed Name Title | | | | | SUPERVISOR DISTRICT #3 | | | | | | | | | | |
| 1-5-90 Date | | 3/968- | -3654 | | - | | | | | | | | | | |

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.