

Submit 5 Copies 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	
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., Aztec, NM 87410					
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
Operator Union Texas Petroleum Corp.				Well API No.	
Address P.O. Box 2120 Houston, TX 77252-2120					
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)					
New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>					
If change of operator give name and address of previous operator					
II. DESCRIPTION OF WELL AND LEASE					
Lease Name Quinn		Well No. 2A	Pool Name, including Formation Blanco MV		Lease No. SF-078511
Location Unit Letter F : 1690 Feet From The North Line and 1520 Feet From The West Line Section 19 Township 31N Range 8W, NMPM, San Juan County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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.
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
			X		
Date Spudded 9-13-89		Date Compl. Ready to Prod. 1-6-90		Total Depth 5950	P.B.T.D. 5944
Elevations (DF, RKB, RT, GR, etc.) 6404 GR		Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4838	Tubing Depth 5638
Perforations 5490-5876; 4838-5292				Depth Casing Shoe 5944	
TUBING, CASING AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
12 1/4	9 5/8	422		235 sx	
8 3/4	7	3653		420 sx	
6 1/4	4 1/2	5944		330 sx	
	2 3/8	5683			
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		
			JAN 24 1990		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	OIL CON. DIV		
			DIST. ?		
GAS WELL					
Actual Prod. Test - MCF/D 1593	Length of Test 7 days	Bbls. Condensate/MMCF 0	Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 125	Casing Pressure (Shut-in) 410	Choke Size 3/4"		
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 Ken E. White					
Printed Name Ken E. White					
Reg. Permit Coord. Title					
Date 1/22/90					
(713) 968-3654 Telephone No.					
OIL CONSERVATION DIVISION APR 16 1990 Date Approved By SUPERVISOR DISTRICT #3 Title					

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.