

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

**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)

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 Cupepper Martin **Well No.** #2 **Pool Name, Including Formation** BLANCO (Mesaverde) **Kind of Lease** State, Federal or Fee **Lease No.** _____
Location
Unit Letter A **Feet From The** 31N **Line and** _____ **Feet From The** _____ **Line**
Section 7 **Township** 32N **Range** 12W **NMPM** SAN JUAN **County**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ **or Condensate** ☐ **Address (Give address to which approved copy of this form is to be sent)**
Meridian Oil Inc. 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)**
Sunterra Gas Gathering Co. P.O. Box 26400, Albuquerque, NM 87125
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 (pilot, 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.

Annette C. Bisby
Signature **Env. & Reg. Sec'try**
Printed Name **Title**
8-7-89 **Telephone No.** (713) 968-4012
Date

OIL CONSERVATION DIVISION

AUG 28 1989

Date Approved Brian J. Shand

By SUPERVISION DISTRICT # 8

Title _____

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.