

Submittal 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 Brule 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 Ultramar Oil and Gas Limited Well API No. N/A

Address 16825 Northchase Dr., Ste. 1200 - Houston, Texas 77060

Reason(s) for Filing (Check proper box)

New Well ☐

Recompleteness ☐

Change in Operator ☒

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casehead Gas ☐

Condensate ☐

If change of operator give name
and address of previous operator

Ultramar Production Company - same address as above

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "A"</u>	Well No. <u>2</u>	Pool Name, including Forfeiture <u>Denton (Wolfcamp)</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>2504</u>
Location Unit Leader <u>H</u> : <u>2210</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>15-S</u> Range <u>37-E</u> <u>NMTPM</u> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Amoco Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3092 - Houston, Texas 77210</u>
Name of Authorized Transporter of Casehead Gas ☒ or Dry Gas ☐ <u>J.L. Davis</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3179 - Midland, Texas 79702</u>
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>2</u> Twp. <u>15-S</u> Rgn. <u>37-E</u> Is gas actually compressed? <u>Yes</u> When? <u>5-1-70</u>

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 Cement Ready to Frac.		Total Depth		P.B.T.D.			
Elevations (D.F., R.K.E., RT., GR., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Length 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 tested oil and must be equal to or exceed low 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/MCF	Gravity of Condensate
Producing Method (flow, pump, etc.)	Tubing Pressure (S.M.A.)	Casing Pressure (S.M.A.)	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 correct to the best of my knowledge and belief.

Tanya L. Cantrell
Signature
Tanya L. Cantrell - Regulatory Assistant
Printed Name
1-1-92 713/874-0700
Date Telephone No.

OIL CONSERVATION DIVISION
JAN 17 '92

Date Approved _____
By _____ Orig. Signed by
Paul Kautz
Geologist
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.