

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 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 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) ☐ 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 Ultramar Production Company - same address as above	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pat H. McClure "B"	Well No. 2	Pool Name, including Formations Denton (Wolfcamp)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter J	2210	Feet From The South	2310	Feet From The East
Section 14	Township 15-S	Range 37-E	NMTPM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3092 - Houston, Texas 77210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ J.L. Davis	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3179 - Midland, Texas 79702					
If well produces oil or liquids, give location of tanks	Unit J	Sec. 14	Twp. 15-S	Rge. 37-E	Is gas actually compressed? Yes	When? 5-1-70

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, RCB, RT, GR, etc.)	Name of Producing Formations		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 test volume of test 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/MWCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Sbbl-in)	Casing Pressure (Sbbl-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 correct to the best of my knowledge and belief.

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

OIL CONSERVATION DIVISION

Date Approved
JAN 17 '92

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.