

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
UNION TEXAS PETROLEUM CORPORATION

Address
1300 Wilco Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

Other (Please explain)
Request for permission to test into the line pending approval of non-standard proration unit. 30 days

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Britt "B"	Well No. 2	Pool Name, Including Formation Eumont (Queen)	Kind of Lease State, Federal or Fee Federal	Lease No. LC 031621-B
Location Unit Letter N ; 330 Feet From The South Line and 1650 Feet From The West				
Line of Section 5 Township 20-S Range 37-E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 2300, Midland, Texas 79701			
If well produces oil or liquids, give location of tanks. N	Unit 5	Sec. 20-S	Twp. 37-E	Rge. No
			Is gas actually connected? No	When *SEE REMARKS

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 3-27-53	Date Compl. Ready to Prod. 12-16-76	Total Depth (Original) 5711		P.B.T.D. 3593				
Elevations (DF, RKB, RT, GR, etc.) 3545' DF	Name of Producing Formation Queen	Top Oil/Gas Pay 3155		Tubing Depth 3302				
Perforations With 1 JSPF 3155-60, 3170-82, 3190-3200, 3235-45 (Total 41 holes)						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NA	13 3/8"	604	550 Sx.
NA	8 5/8"	2999	1500 Sx.
7 7/8"	5 1/2"	5710	600 Sx.
--	2 3/8" tbg.	3302	--

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 Tanks	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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Stanley A. Post
(Signature)
Senior Production Analyst
(Title)
April 14, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 3 1977** 19____
Offg. Signed by
Jerry Sexton
Dist. L. Soper

BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

REMARKS: Gas will be connected when approval is

RECEIVED

MAY 2 1977

OIL CONSERVATION COMM.
HOBBS, N. M.

RECEIVED

APR 15 1977

OIL CONSERVATION COMM.
HOBBS, N. M.