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Adequate Learning Office
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

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) | <input type="checkbox"/> Other (Please explain) | | |
| New Well | <input type="checkbox"/> | | |
| Recompletion | <input type="checkbox"/> | | |
| Change in Operator | <input checked="" type="checkbox"/> | | |
| Change in Transporter of: | Ultramar Production Company - same address as above | | |
| Oil | <input type="checkbox"/> | Dry Gas | <input type="checkbox"/> |
| Condensate Gas | <input type="checkbox"/> | Condensate | <input type="checkbox"/> |

II. DESCRIPTION OF WELL AND LEASE

| | | | | | | | | | |
|------------|----------------|----------|---------------|--------------------------------|---------------------|---------------|-----------------------|-----------|------|
| Lease Name | Brownfield "A" | Well No. | 1 | Pool Name, including Formation | Gladiola (Devonian) | Kind of Lease | State, Federal or Fee | Lease No. | Fee |
| Location | Unit Letter B | 660 | Feet From The | North | Line and | 1980 | Feet From The | East | Line |
| Section | 24 | Township | 12-S | Range | 37-E | NMPM | Lea | County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | | |
|--|--|--------------|--------------------------|--|---------------------------------------|-------|---------|
| Name of Authorized Transporter of Oil | <input checked="" type="checkbox"/> Amoco Pipeline Company | or Commodity | <input type="checkbox"/> | 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 Condensate Gas | <input checked="" type="checkbox"/> Warren Petroleum Company | or Dry Gas | <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | P.O. Box 1589 - Tulsa, Oklahoma 74102 | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Trp. | Rgs. | Is gas actually connected? | When? | unknown |

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 | | | Timing 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 other 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/MCF | Gravity of Condensate |
| Producing Method (flow, rock fr.) | 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 compared 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
Date 1-1-92
Telephone No. 713/874-0700

OIL CONSERVATION DIVISION
JAN 17 '92

Date Approved _____
Orig. Signed by
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.