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	NO. OF COPIES RECEIVED		pr#	
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION LOMMISSION	1 Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-
	U.S.G.S.	1	AND	Effective 1-1-65
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GATE 09 88			r e 48€C 0.3 ,88 €
	TRANSPORTER OIL	-		
	GAS			O. C. D.
	OPERATOR /			ARTESIA, OFFICE
I.	PRORATION OFFICE			
	Operator			
	Union Texas Petroleum Company ✓ Egrid 1274 23708			
	P. O. Box 2120 Houston, Texas 77252-2120			
	Reason(s) for filing (Check proper box	Houston, Texas //232-	Other (Please explain)	
	New Well	Change in Transporter of:	i i i i i i i i i i i i i i i i i i i	
	Recompletion	Oil Dry Ga	ıs X	
	Change in Ownership	Casinghead Gas Conder	<u> </u>	
	If change of ownership give name			
	and address of previous owner			
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, including F	ormation Kind of Le	ease Lease No
	Shelby Federal	3 McKittrick Hil	lls L FE/. N State, Fed	
	Unit Letter K : 1900 Feet From The South Line and 2150 Feet From The West			
	10	222		A14
	Line of Section 12 Tox	wnship 225 Range	24F , NMPM,	County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs	
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which ap.	proved copy of this form is to be sent)
	<u> </u>			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)			
	Gas Company of New Mexico P.O. Box 1419, Carlsbad, New Mexico 88220			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		When
	give location of tanks.	<u> </u>	Yes	12-5-88
IV	f this production is commingled with that from any other lease or pool, give commingling order number:			
- • •	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'			
	Designate Type of Completion	on - (X)	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	10-18-88	12-2-88	7979	7940
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	3858.5	Penn	7830	7730
	Perforations			Depth Casing Shoe
	7830'-7863'	TURING CASING AND	CEMENTING RECORD	7979
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17-1/2	13-3/8	400	400
	12-1/4	8-5/8	1620	300
	7-7/8	4-1/2		1250
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	Part ID-2 s lift, etc.) 12-30-88
			:	comp & BK
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bhis Condenses (Anion	Tombu et Cent
	6500 MCF		Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pirot, back pr.)	8 Hrs. Tabing Pressure (shut-in)	1.971 Casing Pressure (Shut-in)	0,632 Choke Size
	Back Pr.	1600#	360	21/64
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	1			
	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.		APPROVED <u>DEC 2 7 1988</u> , 19	
			- 1 D	

Regulatory Permit Coordinator

12-7-88

(Title)

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatic tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 multipl completed wells.