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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 Union Texas Petroleum Corp. Well API No. _____
Address P.O. Box 2120 Houston, TX 77252-2120
Reason(s) for Filing (Check proper box) ☒ Other (Please explain)
New Well ☐ Change in Transporter of: ☐ Dry Gas ☒ Commingled Basin Dakota & Armento Gallup
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐ on 2-18-90 - order # DHC-742
Change in Operator ☐ If change of operator give name and address of previous operator Trans. Change Only

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Pierce "A"</u>	Well No. <u>2-E</u>	Pool Name, including Formation <u>Basin Dakota/Armenta Gallup</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-080724-A</u>
Location Unit Letter <u>E</u> : <u>1830</u> Feet From The <u>North</u> Line and <u>860</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>29N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Meridian Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4289, Farmington, NM 87499</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Union Texas Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2120, Houston, TX 77252-2120</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>34</u>	Twp. <u>29N</u>	Rge. <u>10W</u>	Is gas actually connected? <u>Yes</u>	When? <u>9-29-81</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-742

IV. 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"/>						
Date Spudded	Date Compl. Ready to Prod. <u>2-18-90</u>		Total Depth <u>6585</u>		P.B.T.D. <u>6542</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5656 RKB</u>	Name of Producing Formation <u>DAKOTA/GALLUP</u>		Top Oil/Gas Pay <u>5412</u>		Tubing Depth <u>6372</u>			
Perforations <u>6303-6402; 5412-5949</u>					Depth Casing Shoe <u>6581</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>8 5/8</u>		<u>292</u>		<u>250</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>6581</u>		<u>690</u>			
<u>2 3/8</u>	<u>2 3/8</u>		<u>6372</u>					

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	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 complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ken E. White
Signature
Ken E. White Regulatory Permit Coord.
Printed Name
Date 2/27/90 Telephone No. 713/968-3654

OIL CONSERVATION DIVISION

MAR 02 1990

Date Approved _____
By Burt J. Chang
Title SUPERVISOR DISTRICT #3

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.