

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Union Texas Petroleum Corporation  
Well API No.:  
Address: P.O. Box 2120 Houston, Texas 77252-2120

Reason(s) for Filing (Check proper box)  
New Well  Other (Please explain) \_\_\_\_\_  
Recompletion   
Change in Operator   
Change in Transporter of:  
Oil  Dry Gas   
Casinghead Gas  Condensate

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: Summit Well No.: 6E Pool Name, Including Formation: BASIN (Dakota)  
Kind of Lease: State, Federal or Fee Lease No.: SF078625  
Location: Unit Letter: F Section: 33 Township: 29N Range: 11W NMPM: SAN JUAN County: \_\_\_\_\_

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil: Meridian Oil Inc.  or Condensate   
Address: P.O. Box 4289, Farmington, NM 87499  
Name of Authorized Transporter of Casinghead Gas: Sunterra Gas Gathering Co.  or Dry Gas   
Address: P.O. Box 26400, Albuquerque, NM 87125

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: \_\_\_\_\_ 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 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: \_\_\_\_\_ 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 (puot, 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.  
Signature: Annette C. Bisby  
Printed Name: Annette C. Bisby Title: Env. & Reg. Sec'ry  
Date: 8-7-89 Telephone No.: (713) 968-4012

OIL CONSERVATION DIVISION  
Date Approved: AUG 28 1989  
By: [Signature] Title: SUPERVISION 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.