

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator UMC Petroleum Corporation		Well API No. 30-015-23688
Address 410 17th Street, Suite 1400, Denver, CO 80202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator General Atlantic Resources, Inc. 410 17th ST., STE 1400, Denver, CO 80202		

Lease Name Sink Federal 16890				Well No. 2	Pool Name, Including Formation Scurlock Permian	Kind of Lease State Federal X	Lease No. NMNM 4028
Location Unit Letter N : 660 Feet From The South Line and 2302 Feet From The West Line Section 9 Township 16S Range 27E, NMPM, Eddy County							

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock-Permian 2814663								Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> NNG 990330								Address (Give address to which approved copy of this form is to be sent) 110 N. Marienfeld, Midland, TX 79701	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?			
		9	16S	27E	YES				

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

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			
						POST ID-3			
						RECEIVED			

Date First New Oil Run To Tank				Date of Test		Producing Method (Flow, pump, gas lift, etc.)		MAR 24 1995	
Length of Test		Tubing Pressure		Casing Pressure		Choke Size		OIL CON. DIV. DIST. 2	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.		Gas - MCF			

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
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. Signature Jim Lee Wolfe Printed Name Jim Lee Wolfe / Vice President Operations Date 3/17/95 Telephone No. (303) 573-5100		OIL CONSERVATION DIVISION Date Approved SUPERVISOR DISTRICT II By Title MAR 29 1995	
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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.