

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
UPLAND PRODUCTION

Address  
P.O. BOX 481 MIDLAND, TX 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Coastal FEDERAL	Well No. 1	Pool Name, including Formation HIGH LONESOME QUEEN	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM58033
Location				
Unit Letter <u>G</u> : 1980' Feet From The <u>NORTH</u> Line and 1980' Feet From The <u>EAST</u>				
Line of Section 19 Township 16-SOUTH Range 29-EAST, NMPM, EDDY 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"/> NAVAJO CRUDE Refining Co.	Address (Give address to which approved copy of this form is to be sent) EAST MAIN ARTESIA, NM 88201
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> NOT CONNECTED	Address (Give address to which approved copy of this form is to be sent) EAST ID-2 7-19-85 Comp + BK
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	19 16S 29E NO

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Jerry M. Lusk  
(Signature)  
Consultant  
(Title)  
7-12-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 15 1985, 19  
BY ORIGINAL SIGNED  
BY LARRY BROOKS  
TITLE GEOLOGIST - NMOCD

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

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

All sections of this form must be filled out completely for allowable 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 multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-4-85	Date Compl. Ready to Prod. 7-1-85	Total Depth 1877'		P.B.T.D. 1834'					
Elevations (DF, RKB, RT, GR, etc.) 3637.2 GL	Name of Producing Formation HIGH LONESOME QUEEN	Top Oil/Gas Pay 1747'		Tubing Depth 1812'					
Perforations 1747, 51, 53, 55, 57, 67, 68, 81, 83, 85, 87, 91, 93, 95, 97							Depth Casing Shoe 1877		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		0 TO 304'		200 SACKS				
7 7/8"	4 1/2"		0 TO 1877'		400 SACKS				
	2 3/8"		0 TO 1812'						

#### 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-1-85	Date of Test 6-20-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 20 Bbls	Oil - Bbls. 20 Bbls	Water - Bbls.	Gas - MCF 50 <del>7000</del>

#### GAS WELL

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