

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 Co.

Address
Midland TX 79702 (Box 481)

Reason(s) for filing (Check proper box)

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

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-20-85

If change of ownership give name and address of previous owner

UNLESS AN EXCEPTION FROM NE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Exxon ERL Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Highlonesome Queen</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>NM 58033</u>
Location				
Unit Letter <u>J</u> : <u>2310'</u> Feet From The <u>South</u> Line and <u>2310'</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>16 south</u> Range <u>29 East</u> , NMPM, <u>Eddy</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>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>East Main, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent) <u>None</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rqs. Is gas actually connected? When
	<u>J</u> <u></u> <u></u> <u></u> <u>No</u> <u></u>

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.

[Signature]
(Signature)
[Title]
(Title)
8-8-85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 21 1985, 19
Original Signed By
BY [Signature]
TITLE Supervisor District II

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 7/1/85	Date Compl. Ready to Prod. 7/10/85	Total Depth 1960' 19/6				P.B.T.D. 1875'			
Elevations (DF, RKB, RT, CR, etc.) 261.5 - GL	Name of Producing Formation High Low - some Quaternary	Top Oil/Gas Pay 1704'				Tubing Depth 1610'			
Perforations 1764 - 1814						Depth Casing Shoe 1960'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		302'		200 sk				
7 7/8	5 1/2		1960' 19/6		270 sk				
	2 3/8		1610'						

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 7/10/85	Date of Test 7/20/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 20 #	Casing Pressure 165#	Choke Size 2 "
Actual Prod. During Test 6 BO'	Oil - Bbls. 6	Water - Bbls. 0	Gas - MCF 12.6

GOM 2100.1

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