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## NEW MEXICO OIL CONSERVATION COMMISSION

## REQUEST FOR ALLOWABLE

RECEIVED BY  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 22 1986

O. C. D.  
ARTESIA, OFFICEForm C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65Operator  
Union Texas Petroleum Corporation ✓  
Address  
4000 N. Big Spring, Suite 500, Midland, TX 79705

## Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Testing allowable 1000 900 Bbls

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal	Well No. 1	Pool Name, including Formation North Shugart	Kind of Lease State, Federal or Fee Federal	NM Lease No. 0334702
Location Unit Letter I 2080 Feet From The South Line and 560 Feet From The East Line of Section 5 Township 18S Range 31E, 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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, TX 79711					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) (915-563-1313)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 5	Twp. 18S	Rge. 31	Is gas actually connected? No	When

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

## 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 Restv.	Diff. Restv.
Date Spudded 11/25/85	Date Compl. Ready to Prod. JUL 11 TESTING	Total Depth 10,205	P.B.T.D. 10,161					
Elevations (DF, RKB, RT, GR, etc.) 3710 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9150	Tubing Depth N/A					
Perforations 9225-9249	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	406	445					
11	8 5/8	4511	2400					
7 7/8	5 1/2	10200	950					

## 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 Tanks See other	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Reg. Permit Coord.  
(Signature)

(Title)

1-22-86

(Date)

## OIL CONSERVATION COMMISSION

APPROVED JAN 24 1986, 19

BY Original Signed By

Les A. Clements

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 deepener 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 multiple completed wells.