	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104	
	SANTA FE	RECEIVED BREQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE			Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS	
	LAND OFFICE	MAY 21 1987			
	TRANSPORTER OIL				
	GAS V	o. c. b.			
	OPERATOR .	ARTESIA, OFFICE			
I.	PRORATION OFFICE				
	Operator				
	UNION TEXAS PETROLEUM CORPORATION				
	Address				
	4000 N. Big Spring, Ste. 500, Midland, TX 79705				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well X Change in Transporter of: Second Change in Transporter of: 523 B0 produced prior to test.				
	Recompletion	Oil Dry Ga	s 323 bo produced	prior to test.	
	Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner				
	and address of previous owner	1 44			
II.	DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including F	į.	Lease No.	
	Federal	2 North Shugart	, Bone Springs State, Federal	or Fee Federal NM033470	
	Location			111000 170	
	1.00				
	Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The Last				
	Line of Section 5 Township 18S Range 31E NMPM, Fddv County				
	Time or Section 3 19M	103 Lande	SIE , MINIE MI, F(INY	County	
***	DESIGNATION OF TRANSPORT	TED OF OIL AND NATURAL GA	8		
.11.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)	
		Texaco Trading & Transportation		<u> </u>	
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas		P. O. Box 6196, Midland, TX 79711 Address (Give address to which approved copy of this form is to be sent)		
			!		
	Phillips Petroleum Co		1625 West Marland, Hobb		
	If well produces oil or liquids,				
	give location of tanks.	<u> I </u>	Yes	5-10-87	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	NA	
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Clift. Res'v.	
	Designate Type of Completio	n - (X) Oil Well Gas Well	1 '	Plug Back Same Res.v. Clin. Res.v.	
			X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	2-2-87	5-11-87	9,500	8,583	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3707' GR	Bone Springs	2,150 7/84	7.458	
	Perforations			Depth Casing Shoe	
	8080-8415'; 7802-7842'; 7/84-7460; 7658-25 9,500				
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	17 1/2"	13 3/8"	519	550 Past ID-2	
	11"	8 5/8"	4.458	2170 6-26-87	
	7 7/8"	5 1/2"	9,500	1000 cmp + BK	
		27/8	745X	, , , , , , , , , , , , , , , , , , , ,	
S /	TEST DATA AND DEGUEST FO	OR ALLOWARIE (Test must be a	feer recovery of total volume of load oil o	and must be equal to or exceed top allow-	
	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	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
	4-30-87	5-18-87	Pumping		
	Length of Test	5-18-87 Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs.				
	Actual Prod. During Test	OIL-Bole. GOR Test	Water - Bbls.	Gas - MCF	
		AV 126	247 392	399- 401	
	70 10 6				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. (Set - MCF/D	gengin or root			
		Tubian Bassawa (Shape da)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
		<u> </u>		TION CONTROL CO.	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION	
	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.		APPROVED JUN 1 9 1987 , 19		
	Lu Julita		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	- Jam mance		Il this form must be accompanied by a tabulation of the devicement		
	(Signature) Pog Poymit Coordinator		tests taken on the well in accordance with RULE 111.		
	Reg. Permit Coordinator		All sections of this form must be filled out completely for allow-		
	(Title)		able on new and recompleted wells.		
	May 20, 1987		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		
	(Date)		well name or number, or transport	t be filed for each pool in multiply	
			Separate Forms C-104 mus completed wells.	C De 11100 101 1001 Protein manager	
			" combining ages		