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OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-85

JAN 22 '88

Operator Union Texas Petroleum Corp.		O. C. D. ARTESIA, OFFICE	
Address P.O. Box 2120, Houston, Texas 77252-2120			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 5	Well No. 4	Pool Name, including Formation North Shugart Bone Spring	Kind of Lease XXX Federal XXXX	Lease No. NM 0334702
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 5 Township 18S Range 31E, NMPM, Bldy 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 1625 West Marland, Hobbs, NM 88246					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 5	Twp. 18S	Rge. 31E	Is gas actually connected? Yes	When 1-13-88

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't <input type="checkbox"/>	Diff. Res't <input type="checkbox"/>
Date Spudded 11/27/87	Date Compl. Ready to Prod. 12/18/87 1-12-88		Total Depth 8695		P.B.T.D. 8665			
Elevations (DF, RKB, RT, GR, etc.), 3710 GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 7820		Tubing Depth 7815			
Perforations 7820-7900; 8155-8390					Depth Casing Shoe 8665			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	500'	550
11	8-5/8	2498'	1175
7 7/8	5 1/2	8665	1550
	2 7/8	7815	

VI. 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)

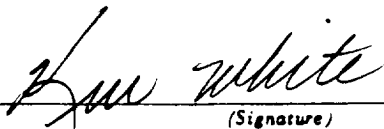
Date First New Oil Run To Tanks 01/13/88	Date of Test 01/16/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 91	Water - Bbls. 131	Gas - MCF 78

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

VII. 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.



Regulatory Permit Coordinator

(Title)

1-20-88

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 22 1988

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.