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OPERATOR		✓
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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 1-1-65

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DEC 30 '87

I. Operator  
UNION TEXAS PETROLEUM CORP. ✓  
Address  
P. O. BOX 2120, HOUSTON, TEXAS 77252-2120  
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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Neste 6 Well No. 1 Pool Name, Including Formation Wildcat Wolfcamp Kind of Lease State, Federal or Fee State Lease No. LG6384  
Location  
Unit Letter P 660 Feet From The South Line and 660 Feet From The East  
Line of Section 6 Township 18S Range 31E, NMPM, County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texaco Trading & Transp. Inc. Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 3109, Midland, Texas 79702  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Conoco, Inc. Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 2197, Houston, Texas 77252  
If well produces oil or liquids, give location of tanks. Unit P Sec. 6 Twp. 18S Rge. 31E Is gas actually connected? No When 6 weeks

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

IV. 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 Reservoir <input type="checkbox"/>	Diff. Reservoir <input type="checkbox"/>
Date Spudded 10/28/87	Date Compl. Ready to Prod. 12/26/87		Total Depth 10,000		P.B.T.D. 8610			
Elevations (DF, RKB, RT, GR, etc.) 3658	Name of Producing Formation Wolfcamp Bone Spring		Top Oil/Gas Pay 8004		Tubing Depth 7918 8428			
Perforations 8004-8300					Depth Casing Shoe 10000			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	651	560
11	8-5/8	2500	850
7-7/8	5-1/2	10000	1275
	2 3/8	8428	

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 12/26/87	Date of Test 12/29/87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure --	Casing Pressure 50	Choke Size --
Actual Prod. During Test	Oil - Bbls. 233	Water - Bbls. 62	Gas - MCF 198

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.

  
(Signature)

Regulatory Permit Coordinator

(Title)

12/29/ 87

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 14 1988, 19

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.