Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
OCT 1 '90
O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

c/SF
D/T
Dp

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

UNION TEXAS PETROLEUM CORPORATION ✓

Address: P. O. BOX 2120, HOUSTON, TX 77252-2120

Well API No.: API 30-015-25801

Reason(s) for Filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Operator [ ]
Other (Please explain) [ ]

Change in Transporter of:
Oil [ ] Dry Gas [X]
Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Neste 6	1	N. Shugart (Bone Spring)		

Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line
Section 6 Township 18S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
PRIDE PIPELINE COMPANY
Address (Give address to which approved copy of this form is to be sent)
P. O. BOX 2436, ABILENE, TX 79604

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
CONOCO, INC.
Address (Give address to which approved copy of this form is to be sent)
P. O. BOX 2197, HOUSTON, TX 77252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	G	6	18S	31E	No	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10/28/87	12/26/87	10,000	8610

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3658	Bone Springs	8004	8428

Perforations	Depth Casing Shoe
8004-8340	10,000

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	651	560 Pool ID-3
11	8 5/8	2500	850 10-5-90
7 7/8	5 1/2	10000	1275 chg wt: TTT

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature: Kay White
Printed Name: Regulatory Permit Coordinator
Title
Date: 9/25/90
Telephone No.: (713) Phone 968-3654

OIL CONSERVATION DIVISION

Date Approved: OCT 4 1990

By: ORIGINAL SIGNED BY MIKE WILLIAMS
Title: SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.